CITY OF DUNDEE

Report of the Medical Officer of Health

FOR THE YEAR ENDING
DECEMBER, 1955

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(Staff as at 31/12/55)

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SUMMARY OF VITAL STATISTICS FOR 1955

Population	177,944
Number of Deaths (corrected)	2,198
Death-rate per 1,000 population	12.4
Deaths of Infants under 1 year	111
Infantile Death-rate per 1,000 births	36
Marriage-rate per 1,000 population	9.1
Number of Births Registered (corrected)	3,107
Birth-rate per 1,000 population	17.5
Illegitimate Birth-rate per 100 births	5.9
Still-births per 1,000 births (including still-births)	24
Number of Deaths from Pulmonary Tuberculosis	27
Number of Deaths from all forms of Tuberculosis	32
Death-rate per 1,000 pop. from Pul. Tuberculosis	0.15
Death-rate from all forms of Tuberculosis	0.18
Death-rate from Principal Epidemic Diseases	0.08
Deaths from Diphtheria	—
Maternal Mortality per 1,000 births	0.3
Neo-Natal Mortality	21
Number of Deaths from Malignant Diseases	438
Death-rate from Malignant Diseases	2.46

Annual Report 1955

The Lord Provost, Magistrates and
Town Councillors of the City of Dundee.

Ladies and Gentlemen,

I have the honour to submit the Annual Report on the work of the Public Health Department for the year 1955.

Vital Statistics

A summary of these is shown on page 4 and, although all previous records have not been surpassed, the health of the City has remained very satisfactory.

Population

The population, as estimated by the Register General to the middle of 1955, is 177,944 an increase of 1,160 over last year's estimate (176,784) and an increase of 604 over the census figure (177,340) of 1951.

Death Rates

There were 2,198 deaths during the year which is equal to a death rate of 12.4 per thousand. During 1954 there were 2,186 deaths and a similar death rate of 12.4.

An analysis of the deaths is shown in Table I. of the Statistical Section of this report. From this it will be observed the principal causes of death are (1) diseases of the heart and arteries (729), 2 malignant diseases (438), (3) vascular lesions affecting the central nervous system — cerebral haemorrhage, embolism, thrombosis (318) and (4) respiratory diseases (212).

Deaths due to heart and malignant conditions show a decrease compared with 1954 but those from vascular lesions and respiratory diseases show an increase from the previous year. An analysis of the cancer deaths is shown in Table XXVIII.

Infant Mortality

There were 111 deaths of infants under one year which represents an infantile death rate of 36 per thousand births. The corresponding figures for 1954 were 107 and 33. The increase is in the age group one month to one year and was principally accounted for by deaths from gastro enteritis.

Neo-natal deaths (i.e. infants under four weeks) show a decrease compared with 1954. The respective figures are 65 and 75 and the rates 21 and 23. The prominent cause of neonatal deaths is prematurity and birth injury. The causes of prematurity have been intensively investigated and are considered to be related to the mother's state of health and standard of living and, in some instances, continuing too long in employment.

It is considered a special enquiry should be made into every infant death and stillbirth as is required to be done in connection with maternal deaths.

Still Births

The number of stillbirths decreased during 1955 to 75 from 93 in 1954. The respective rates were 24 and 28 per thousand births. The stillbirth rate for the whole of Scotland was 25 and for Aberdeen 12, Edinburgh 24, and Glasgow 27.

Maternal Death

One maternal death occurred during 1955. The cause of death was shock while under anaesthesia. There were four maternal deaths in 1954.

Births

The birth rate fell from 18.1 in 1954 to 17.5 in 1955. The number of registered births (corrected) in the latter year was 3,170 (1,593 males and 1,514 females) against 3,197 (1,637 males and 1,560 females) in 1954. The sex ratio of births calculated on these figures is 1.052 and 1.049 respectively.

The birth rate for the whole of Scotland for 1955 was 18. For the large cities the rates were Aberdeen 17.2, Edinburgh 15.2 and Glasgow 19.4.

Domiciliary Midwifery

In the Maternity and Child Welfare Section of this Report Dr Fulton gives very full details of these services and which are now fully staffed by midwives under the direct control of the Health Authority.

There were 487 domiciliary confinements and of these 436 were attended by municipal midwives; 50 by Dundee Royal Infirmary Out-Patient Department; and one was unattended.

Gas and air analgesia was administered by municipal midwives in 111 cases and pethidine in 232 cases. Arrangements are being made for the training of midwives in the use of trilene.

The high percentage of institutional confinements still continues. During the year the figure was over 84%.

Day Nurseries

The Corporation nurseries—eleven in number—have been fully occupied during the year. Altogether there are places for 415 children and at the end of the year 407 children were in attendance. The total attendances during 1955 amounted to 83,022 compared with 76,950 in 1954 and 80,612 in 1953. The decreased attendances in the last mentioned two years were due to outbreaks of dysentery. During 1955 the health of the children was very good and there was no infection to affect the attendances.

Fully 50% of the children are admitted on priority grounds and the remainder are admitted from the ordinary waiting list in accordance with circumstances. At the end of the year there were over 1,500 children on the waiting list for admission. The weekly charges are 6/- per week in respect of one child and 9/6d for two children.

Nurseries and Child Minders Regulations Act 1948

The Local Health Authority, under this Act, are required to keep registers of and supervise (a) day nurseries where children are received to be looked after for the day or a substantial part thereof, or for any longer period not exceeding six days and (b) daily minders, i.e. persons who for reward look after children in their own homes for the day, or a substantial period of a day or for any period not exceeding six days.

The Act does not apply to residential nurseries or to persons, such as foster parents, who provide a home for children apart from their parents. No new applications were received during the year for nursery premises or in respect of child minders.

There are five Industrial Nurseries established in the City with places for 333 children and the total attendances at these during 1955 were 76,445. The Local Health Authority have no financial responsibility for these nurseries, apart from an infinitesimal proportion of the salaries of medical officers in respect of supervision, etc.

Clinic Centres

During the year the Health Committee authorised the opening of an additional centre in the Hall Church in the new housing estate at Douglas and Angus, pending the erection of a permanent centre. The centre was opened in June and the attendances since that date have fully justified the addition.

The other clinic centres remain the same. Some of these are not too suitable for the purpose.

Nursing Homes

The Maternity and Child Welfare Medical Officer, on behalf of the Local Health Authority, visits the nursing homes periodically. Altogether there are seven—Duneaves, West Bay, Clement Park, Burnbank, Fort House, Fernbrae and Marrbank. These are all registered under the Nursing Homes Registration (Scotland) Act 1938 and the last mentioned two are also registered under the Nurses Agencies (Scotland) Regulations 1945.

Distribution of Welfare Foods

An additional centre for the distribution of welfare foods was established at St. Mary's Housing Estate. This brings the total number of centres in the City up to eleven. These are situated at Forrester Street (principal centre), Lochee, Caldrum Street, Linlathen, Broughty Ferry, Fairmuir, Douglas and Angus, Kirkton, Fintry, Albert Street and St. Mary's.

It is pleasing to record an increase in the uptake of these welfare foods, except national dried milk, during the second year of control by the Local Health Authority. The comparative figures are as follows :—

	From 28.6.54 to 23.6.55 (52 weeks)	From 27.6.55 to 23.6.56 (52 weeks)
National Dried Milk	130,900 tins	129,547 tins
Orange Juice	105,527 bottles	125,408 bottles
Cod Liver Oil	26,812 bottles	29,461 bottles
Vitamin tablets	6,502 packets	8,469 packets

Vaccination

The total number of primary vaccinations during 1955 was 1,444 and of these 824 were in respect of children under one year. In addition 616 persons were re-vaccinated. No local reactions occurred in 58 primary cases and 66 re-vaccinated cases.

The number of primary vaccinations shows a slight increase (24) over the previous year but the numbers are still very unsatisfactory. Two cases were reported to the Department of Health for Scotland in terms of D.H.S. Circular 76/48.

Immunisation Diphtheria

The number of children who completed a full course of immunisation against diphtheria, and for whom record cards were received was 2,394. The figure for 1954 was 2,672—a decrease of 278. The number of maintenance inoculations given during the year was 2,277 compared with 2,605 during 1954.

Immunisation Whooping Cough

The number of immunisations against whooping cough again shows an increase. The number for 1955 is 1,665 compared with 1,507 in 1954. General medical practitioners immunised about half of the number of children and the remainder were done at Child Welfare Clinics.

Tuberculosis

The position, so far as this disease is concerned, showed a marked improvement in Dundee compared with previous years. Notifications of new pulmonary cases numbered 287 compared with 302 in 1954. Non-pulmonary cases showed an increase of eight over the previous year. The death rate from all forms of the disease in 1955 was 0.18 compared with 0.20 in 1954. The pulmonary rate was 0.15 (a record) compared with 0.19 during the previous year.

Mass Radiography

Very effective work was done during the year. A total of 9,180 males and 11,186 females (20,366) were examined through the normal channels. Altogether 31 surveys were made and revealed 60 cases—29 males and 31 females—an incidence rate of 2.9 per 1,000 persons examined compared with 2.86 in 1954.

In addition to these normal surveys a special campaign was held in two districts of the City.

Two mass radiography units were seconded by arrangements made with the Department of Health for Scotland and these were operated in the Hawkhill and Hilltown areas of the City from 18th April to 13th May 1955. The sites selected for the Hawkhill area were St. Joseph's Girls' School, Bellfield Street and St. John's School Dining Centre, South Tay Street. For the Hilltown area of the City the sites were Maxwelltown Baptist Church, Jamaica Street and Clepington Church Hall, Isla Street. Two daily sessions were held at each site at hours considered most suitable for the public.

The campaign was opened by Commander Galbraith (now Lord Strathclyde) on Monday, 18th April in the Hawkhill area where the two units operated until 2nd May, on which date the campaign was transferred to the Hilltown area. For this occasion the opening ceremony was performed by Mr G. Morgan Thomson, M.P. for the Eastern division of the City and the campaign continued in this area until 13th May.

The target figure aimed at for the two areas was 12,000 and it is very pleasing to record that this was exceeded by almost 30%. The total number of persons examined was 15,417—10,039 females and 5,378 males—which is a record in Scotland for a two unit four week campaign. During the periods mentioned the units worked 38 sessions and at each of these an average of 406 persons was examined.

Of the persons examined 13,784 (89.4%) were found to have a normal X-ray; 1,663 (10.6%) were reported to have some abnormality of the lungs, heart or the frame of the chest. Many of these abnormalities were slight and of little significance and, beyond recording the fact, no further action was considered necessary in many instances. Altogether 884 persons were asked to report to the units for further investigation—recall rate of 5.7%—a normal percentage for this type of campaign. Absentees from this group who were further requested to report, numbered 22.

The following tables give, in condensed form, some of the detailed figures extracted from the returns which were compiled by the Department of Health for Scotland.

TABLE I. (Age Group Distribution)

Age Group.	Males.	Females.	Total.
- 14 years	161	139	300
15 - 24 years	1,151	1,914	3,065
25 - 34 years	1,508	2,312	3,820
35 - 44 years	1,033	2,042	3,075
45 - 59 years	1,063	2,528	3,591
60 +	458	1,103	1,561
Not stated	4	1	5
Total	5,378	10,039	15,417
X-Ray Normal	4,832	8,952	13,784
	89.8%	89.2%	89.4%

This Table shows the age group distribution by sex of those examined and also that twice as many females presented themselves for X-ray examination as compared with males. In the female group the response was best in the age groups 25/35 years and 45/60 years.

The most commonly recorded occupations, and the numbers examined under the various headings therein, are shown in Table II.

TABLE II. (Occupational Classification)

Occupation.	Males.	Females.	Total.
Engineering and Metal Trades	734	25	759
Textile Workers	256	751	1,007
Transport	550	63	613
Commercial, Finance and Insurance	792	959	1,751
Personal Services	226	5,977	6,203
Clerks, Typists, etc.	351	1.248	1,599
Miscellaneous	2,469	1,016	3,485

It is noticeable from this Table (as also from Table I.) that the Campaign succeeded very largely in its primary aim to bring the facilities of Mass Radiography to those who had not previously had such an opportunity. Outstanding in this respect are housewives, commercial, etc., workers and clerical workers. Housewives are classified under "those employed in personal services."

No large scale factory examinations was undertaken during this period, but invitations were extended to smaller sized establishments in which the employees had not been previously offered Mass Radiography. Though it might have been thought that textile workers would have featured much more noticeably in the Dundee returns, it must be remembered that many of these factories have previously been visited several times by the local unit.

The most commonly reported abnormalities have also been tabulated and are shown in the following Table.

TABLE III. (Abnormalities)

	Males.	Females.	Total.
Active Pulmonary Tuberculosis	12	29	41
Inactive Post Primary Pulmonary Tuberculosis	170	332	502
Inactive Primary Pulmonary Tuberculosis	75	117	192
Heart Abnormalities Acquired	65	240	305
Heart Abnormalities Congenital	3	5	8
Lung Tumour	6	2	8
Pneumonia and other Lung Consolidation	29	24	53
Bony Abnormalities	68	154	222
Others	117	185	302
Total	545	1,088	1,633

From this it will be observed that inactive tuberculosis features very largely as the principal abnormality discovered. There were, however, 41 active cases—a case rate of 2.7 per thousand—in addition to the considerable number of inactive and healed cases. Heart disease formed the next most frequently observed group, while lung tumours were reported in eight instances.

Tuberculosis: Of the 41 active cases (12 males and 29 females) 21 were diagnosed and admitted to sanatorium for treatment within one month of their first attendance at the Mass Radiography Unit. For the remaining 20 a brief period of supervision and observation sufficed to enable the Chest Physician to determine that the disease was in an active phase and in need of treatment. Of the new cases brought to light 16 had bilateral disease (8 in each sex); while in 25 persons the disease was unilateral, i.e. in an early and much more treatable and curable phase. Expressed as a case rate per thousand of the population examined, there were 2.7 active cases in the total. For men the rate was 2.2 per thousand and for women 2.9 per thousand. These figures are slightly higher than the general return for Mass Radiography surveys and also higher than the annual notification rate for Dundee, which was 1.71 per thousand of the population in 1954 and higher also than the Scottish notification rate of 1.39 per thousand in 1954. These higher figures are to be expected, for the Campaign was intended to attract those who had not previously been X-rayed, a group amongst whom the incidence of the disease is usually found to be greater than in repeated routine industrial surveys.

The age and sex distribution of the active and of the "observation" cases is shown in Table IV. as follows:—

TABLE IV. (Yield of Active and Observation Cases of Tuberculosis after three months.)

Male	Age	–14	–24	–34	–44	–59	N.S. 60+	All Ages
Active	Number	—	3	2	2	4	1	12
Observation	Number	1	13	19	25	19	19	96
Total	Number	1	16	21	27	23	20	108
Active or Observation Cases already known (not included above)		—	—	2	2	—	—	4

Female	Age	–14	–24	–34	–44	–59	N.S. 60+	All Ages	Both Sexes
Active	Number	1	8	14	2	4	—	29	41
Observation	Number	—	7	30	32	33	15	117	213
Total	Number	1	15	44	34	37	15	146	254
Active or Observation Cases already known (not included above)		—	1	1	2	1	—	5	9

It will be observed that the largest number of active cases was found in women in the age group 25/34 years, where 14 active infections were detected and in the 15/24 years age group, where there were 8 new cases. Amongst the males the highest rate occurred in the 45/60 age group. No difficulties arose in the provision of treatment for any of the cases arising from the survey; 21 were admitted to the local hospital while 17 were admitted to sanatoria in other parts of the region; 3 cases were placed under out-patient supervision.

In Table III. it will be observed that 502 persons had a previous significant tuberculous infection. In the majority of these cases the X-ray evidence suggested that the disease was no longer active or a source of infection but, nevertheless, 213 of these cases were placed under observation by the Chest Physician to ensure that the disease remains inactive. The existence of such a considerable number of inactive cases in the community, most of whom had not been previously notified, gives some indication of the amount of latent or missed infections which have been present in the populace and shows the continued need for the carrying out of such Campaigns. If the eradication of tubculosis is to be complete, it is imperative to detect the unsuspected and possible carrier cases.

Publicity: The planning and publicising of the campaign involved a very considerable amount of work but this was made easy by the willing and expert co-operation of Mr Tait of the Office of Information, Department of Health for Scotland and Mr Morrison, Secretary of the Scottish Council for Health Education.

The publicity arrangements were so arranged as to bring forcibly to the notice of the public that early discovery of tuberculosis means quicker recovery; the danger to others of the person with undetected tuberculosis; the greatly improved methods of treatment, etc. For these purposes special meetings were held in cinema theatres—three of these were addressed by Dr Mearns of the Scottish Council for Health Education and one by Dr Smith, Physician Superintendent of Ashludie Chest Hospital. A leading sportsman of the City (Mr Follon, Dundee Football Club) also took part. The number attending the special meetings were very disappointing and made one wonder if the expense of hiring the theatres was really worth while.

Other means of publicising was by lectures to selected audiences including senior school pupils by doctors, health visitors, Press advertisements and special articles, church announcements, films and slides, hand bills, special letters to parents, street banners, etc. Posters were exhibited in buses and trams and in shop windows, works, youth clubs, etc. Hand bills were delivered to offices, shops, etc., by Boy Scouts; special letters to parents were delivered through primary schools in the areas; announcements were made in churches of all denominations. The co-operation which existed with voluntary and official bodies was very close and more or less ensured the success of the campaign. Thanks are due to all organisations — the clergy of all denominations, Boy Scouts, Youth Clubs, labour organisations, employers of labour, W.V.S., the National Association for the Prevention of Tuberculosis, etc.—for their very helpful co-operation and help. Special thanks are due to the Press, the managers of the Cinema theatres and the Director of Education and to the staff who were engaged in the work and last, but not least the Convener of the Health Committee who actively engaged in all aspects of the Campaign.

Cost of Campaign: The estimated cost of the expense of the Campaign was £350 and the actual cost was £377. This amount is subject to 50% Government Grant so that the actual rate borne expenditure is £189.

In conclusion the Campaign can be said to have been very successful from many aspects. As a health propaganda measure it provoked a very lively interest in the minds of the public, an interest which it is hoped will have lasting and beneficial effects. An endeavour is being made to sustain the educational advantages by continued propaganda measures, personal and group talks, community health problems, being given by health visitors and medical officers from the department during the current winter session.

The Campaign brought to light a number of new active cases, the majority of these were in the early stages of development and were amenable to treatment and a cure could be expected in a shorter time than would have been the case if they had waited the fuller development of symptoms before seeking advice. At the same time 90% of those who attended will have the happy assurance that they have a normal chest X-ray.

B.C.G. Vaccination

During the year a total of 2,645 persons were tuberculin tested. This number included 57 nurses, 10 medical students, 382 contacts, 293 special groups and 1,897 school leavers and 6 others. There were 1,546 negative reactors and in the course of the year 1,483 persons were vaccinated.

The Scheme agreed to by the Health and Education Committees for children approaching school leaving age came into operation in September 1955, and at the end of the year the Academies and the High School were visited.

Housing Priority

The Housing Committee of the Local Authority continued to give special consideration to tubercular patients who were recommended by the Chest Physician for better houses. At the end of 1954 there were 154 names on the special T.B. waiting list and during 1955 a total of 151 applications were received. Altogether 128 cases were rehoused and 10 names were removed from the list. At the 31st December 1955, the number on the waiting list was 157.

Prevention, Care and After Care

(a) **Tuberculosis:** Nursing requisities were issued to 19 cases in the course of the year. These included bed pans, urinals, bed rests, beds and mattresses.

Applications for additional milk numbered 138 against 96 in 1954. At the end of 1954 there were 118 cases remaining on the register, 138 new cases were added and 83 cases were ceased, thus leaving on the register at 31st December, 1955, a total of 173.

(b) **Other Illnesses:** Applications were received for nursing requisites in respect of 127 cases and these were all granted.

Special visits were made to 35 old people in need of care and hospital almoners reported 56 geriatric cases who were discharged from hospitals and were in need of regular visitations by health visitors.

(c) **Chiropody:** This service was established on 1st February, 1955, for persons of pensionable age who are not engaged in remunerative employment and whose general medical practitioners have approved the need for treatment and have confirmed that the applicants do not suffer from any disease to render the service unsuitable.

From the time of its inception the service became very popular, so much so, that an additional chiropodist was appointed in October, 1955, and in addition evening clinics were established to cope with the demands for attention. In comparison with other " Health " Services the expense involved is very modest and is fully justified by the benefit accruing therefrom.

Problem Families

The Scottish Home Department Circular No. 7497 of 16th August, 1950, emphasised the importance of the fully co-ordinated use of the Local Authority and other services concerned with family and child life and suggested that an existing officer be designated as responsible for co-ordination and for securing full co-operation of all the local services concerned.

The Health Committee, on the recommendation of my predecessor, suggested that the Town Clerk being an independent officer and interested in all of the Departments should be the designated officer. This arrangement was established and regular meetings have been called with officers and representatives of all Statutory and voluntary organisations. At these meetings all significant cases of child neglect and all cases of ill-treatment are brought to the notice of the services concerned. Consideration is given to the needs of the family as a whole and agreement is reached on the best use of the local services to meet these needs.

Department of Health for Scotland Circular No. 77/1954 was also considered by the Health Committee who were of opinion most of the suggestions contained therein were included in the Scottish Home Department Circular and consequently referred the matter to the Special co-ordinated committee of officials presided over by the Town Clerk or one of his deputies.

Infectious Disease

The incidence of infectious disease during 1955 was very low. Altogether 2,615 cases were notified, or otherwise intimated, against 4,388 cases in 1954. The huge decrease is accounted for mainly by the low incidence of children's diseases. There were only 107 cases of measles, 235 cases of whooping cough and 375 cases of chickenpox. The respective figures for 1954 were 1,425, 949 and 697. Respiratory diseases also showed a decrease in all age groups. Cases of scarlet fever increased to 225 in 1955 from 114 in 1954. The type of this disease was very mild.

The outbreak of dysentery which started in November, 1954, continued during the first six months of 1955. The total number of accepted cases in 1955 was 1,026 compared with 564 in 1954. About 80% of the cases affected children under five years of age. The incidence of the disease lessened very much in the last six months of the year. The outbreak entailed much extra work on health visitors in following up contacts and securing specimens for bacteriological examination.

There were 185 notifications or intimations of ophthalmia neonatorum during the year compared with 140 in 1954. These numbers appear very large and can be explained by the staff concerned applying a very wide interpretation of the term "Ophthalmia Neonatorum" which, according to the official definition, "includes any inflammation that occurs in the eyes of an infant within twenty-one days from the date of its birth and is accompanied by a discharge." Three cases were notified by doctors, six by hospitals and the remainder were intimated by health visitors and midwives.

In the course of the year five cases of enteric fever (para B) were notified. These were all thoroughly investigated but the source of infection was not established. Thirty-five cases of food poisoning were notified but were all separate or family cases. In most of these cases tinned meats, cooked meats, pies, "heated up" stews, etc., were suspected as being the source of the trouble. One "interesting" case occurred.

A ten year old boy was gathering brambles and was reported to have consumed two large berries of a plant which was identified as atropa belladonna. He was admitted to Dundee Royal Infirmary with classical symptoms of atropine poisoning. He was comatose for three days and thereafter recovered. On investigation several of these plants were discovered in the area in which the boy was "blackberrying" and steps were taken to have these eradicated.

Diseases of the central nervous system accounted for 36 cases — 22 cases of cerebro-spinal fever, encephalitis lethargica and 13 cases of poliomyelitis. 35 of these cases were admitted to hospital. The corresponding figures for 1954 were 20 cases of cerebro-spinal fever, 1 encephalitis and 12 poliomyelitis and 31 cases were hospitalised.

Of the 13 cases of poliomyelitis 12 of these occurred in children up to nine years of age and the other case was 21 years of age. The final classification of the cases was non paralytic 1; spinal 8; and bulbar 4. There were no deaths.

In February of the present year (1956) the Health Committee agreed to co-operate in the Government's proposals for the use of vaccine against poliomyelitis in children born between 1947 and 1954 inclusive. Arrangements were accordingly made and altogether consent forms were received in respect of 4,250 children. On account of the limited supply of vaccine it was only possible to vaccinate 550 children, but it is hoped this number will be much increased before the end of the year. Tests made by the Medical Research Council with the new anti-poliomyelitis vaccine show that the risk of paralytic infection is now negligible. In this respect it is very satisfying to record there have been no reactions in any of the Dundee children who received the vaccine.

School Health Service

The report for the school year ended on 31st July, 1955, has again been prepared by Dr Lesslie, Senior Assistant Medical Officer of Health (Schools) in the continued absence through illness of Dr Gerrard, Chief Executive School Medical Officer. It is pleasing to record, however, that Dr Gerrard has resumed duty from the commencement of the present year.

The groups of children who were systematically inspected during the school year were new entrants, those born in 1945, 1941, and 1938 and, for vision and hearing only, children born in 1947. Altogether 7,658 children were examined in the first mentioned four groups and 3,212 in the last mentioned group. The results of these examinations revealed that 7 children were inadequately clad; 7 were without satisfactory footwear; 1,165 were found to have dirty or verminous heads; 35 had uncleanliness of the body or clothing; 42 had impetigo, 31 were under average nutrition and one was badly nourished; 231 had unhealthy mouths or teeth; 126 showed signs and symptoms of nasal obstruction—18 were requiring operations; 476 cases of enlarged tonsils were recorded and of these 80 were recommended for operation; 130 children were found to have enlarged glands and 2 of these required operative treatment; 93 had inflammation of the eyes; 37 conjunctivitis; 2 corneal opacities; 44 had other external conditions of the eye, and 286 were found to have squints; 950 children out of 4,777 were found to have defective vision and of this number 157 were recommended for glasses. Of the 3,212 children in the age group born in 1947 (vision and hearing only) 428 were found to have defective vision and 158 were recommended for glasses.

During the year 1,971,614 meals were provided by the School Meals Service and of these 491,297 (25%) were given free of charge.

Epileptics and Spastics

The incidence of epilepsy remained much the same during 1955. The School Health Service records show a total of 64—40 males and 24 females. Of the total number 28 attend ordinary schools; 20 attend special schools; 2 are in residential schools; 7 are in institutions; 4 attend the Occupational centre; and 3 are excluded from school.

So far as cerebral palsy is concerned there are altogether 117 cases—38 cases (23 males and 15 females) over school age; 60 (32 males and 28 females) of school age; and 19 (10 males and 9 females) under school age. Of those cases of school age 14 males and 12 females attend special schools; 4 males and 3 females attend at the Occupational centre; 4 males and 1 female are in certified institutions; 8 males and 7 females attend ordinary schools; and 2 males and 5 females of school age are excluded from schools.

Dental Services

From the report of Mr Finlayson, Chief Dental Officer, it will be observed only 68.5% of school children were systematically inspected during the school year which ended in July 1955. There has been a slight increase in the number of pre-school children and expectant and nursing mothers who have been examined and treated. These numbers are still very unsatisfactory and it is hoped there will be a marked improvement in the early future.

In the course of the year the Department of Health for Scotland issued D.H.S. Circular No. 35/55 which suggested that local authorities should give consideration to expand the facilities for providing the necessary dental care to priority classes of expectant and nursing mothers and to children under school age.

About 80% of expectant mothers attend clinics at the Out-Patient Departments of the Dundee General Hospitals and arrangements are in process with the Eastern Regional Hospital Board to ensure a more comprehensive dental service being made available to such women. Evening dental sessions, on an experimental basis, were started in November 1955, to accommodate mothers who found it difficult or impossible to attend during the day. More intensive dental health education has also been undertaken by doctors, dentists, health visitors, midwives, etc., at clinics, in patients' homes, at mothercraft classes, etc. It is hoped that these measures will produce a marked improvement in the current year's figures.

In the course of the year a new anaesthetic room has been opened at Nelson Street centre through the co-operation of Dr Shearer and staff of the Anaesthetic Department of Dundee Royal Infirmary. It is hoped this arrangement will facilitate matters for both patients and operators.

Mental Health Services

The past year has seen a re-awakening of interest in the promotion of mental health. Meetings of the Dundee Council of Social Service have been devoted to this subject, a series of films have been shown by the Dundee Association for Mental Health, and plans have been laid for the establishment of a "friendship club" to which persons of a shy or neurotic disposition can come and, in the company of fellow-sufferers and others interested in mental health, find a companionship otherwise denied to them.

In the day to day administration the duties of duly authorised officer are performed by the Director of Social Welfare and my Administrative Assistant. Home visits are undertaken by the senior health visitor for mental health, by two male visitors on the staff of the Social Welfare Department, and by an assistant medical officer.

Satisfactory liaison exists with psychiatric, paediatric and orthopaedic specialists of the Eastern Regional Hospital Board and there is close personal relationship with the staffs of the Welfare, Children's and Probation Departments, the Child Guidance Clinic, the Ministry of Labour, National Assistance Board, Dundee Association for Mental Health, and others concerned in the welfare of the mentally handicapped.

Mental Illness: Out of 285 patients admitted to mental hospitals during the year, 208 (73%) entered hospital of their own volition. One half of the 77 patients admitted after being certified of unsound mind were over the age of 60 years. Twenty-two of the 77 were certified in hospitals and 55 in their own homes or elsewhere. Of the 29 certified patients returning home from mental hospitals 23 were discharged recovered and 6 relieved. Fifty-one certified patients died during the year—of whom 45 were over the age of sixty-five. Two hundred and nine voluntary patients returned home during the year. There were sixteen deaths. Fifty-eight visits were paid to the homes of mentally ill persons.

Mental Deficiency: At the end of the year nearly 400 persons with varying degrees of mental deficiency—that is " a condition of arrested or incomplete development of mind existing before the age of 18 years "—were known to the department. Of these cases 121 have been ascertained by the School Health Service and reported to the local health authority under Section 56 and 57 of the Education (Scotland) Act 1946. The remainder have been brought to the notice of the department through the co-operation of the Maternity and Child Welfare Service, psychiatrists, general practitioners, and other bodies previously mentioned, and most of them were seen by the psychiatrist at the weekly clinic. Of this total case-load of nearly four hundred, 142 are in certified institutions for mental defectives, viz.:—Baldovan 76, St. Joseph's, Rosewell 25, others 41. Fifty-one of these are cases reported by the Education Authority for action under the Mental Deficiency

Acts. Suitable facilities for statutory guardianship exist in only six cases. Fifteen ineducable children attend Baldovan Day Centre from Monday to Friday. The remainder are visited in their homes by the senior health visitor for mental health or reviewed periodically at the clinic. The waiting-list for institutional accommodation is now 85 of whom 14 are urgent.

During the year 17 children were reported under the Education Act and 8 of them were admitted to institutions. The remainder do not require institutional care and are visited at home. Three other cases were admitted to institutions. There were no discharges or deaths. The senior health visitor for mental health paid 189 visits to the homes of mental defectives. Thirty-seven clinic sessions were held by the Medical Superintendent of Baldovan Institution or his deputy. Seventy-two cases were examined and advice offered to parents or relatives in a further six cases.

The Dundee Association for Mental Health has been greatly expanding their scheme for the after-care of educationally sub-normal children leaving Fairmuir School whose handicap is not sufficiently severe to warrant reporting to the mental deficiency authority.

It is very disappointing to report that nothing has yet been done regarding the adaptation of the house at 39 Constitution Street for use as an Occupation Centre for unemployable mental defectives.

Port Health Administration

The crews of ships from foreign ports are examined by the Port Medical Officer; coastwise vessels are examined by the Port Sanitary Inspector. These last three years ships from foreign ports arriving at Dundee have been getting bigger in size but fewer in number. The number and tonnage for these years is as follows:—

	Number	Decrease	Tonnage	Increase.
1953	255		382,009	
1954	242	13	392,620	10,611
1955	211	31	399,159	6,539

Another interesting table is as follows:—

Number of ships from infected foreign ports (direct) in 1955	111
Number of ships from infected foreign ports (indirect) in 1955	1
Number of ships from non-infected foreign ports (direct) in 1955	43
Number of ships from non-infected foreign ports (indirect) in 1955	56
	211

All of these ships were visited by the Port Medical Officer and the crews of vessels direct from infected ports were examined. None of the six quarantinable diseases (smallpox, plague, cholera, yellow fever, typhus, relapsing fever) was revealed during these inspections. They were the means, however, of diagnosing one case of influenza, one of broncho-pneumonia, one of dysentery and one of suspected malaria, all of which were sent to King's Cross Hospital.

Minor conditions, foot abscess, foot injury, a hernia, were found and the sufferers ministered unto at the Dundee Royal Infirmary. Three venereal cases were sent to the local V.D. clinic.

One jute liner had landed at Tilbury an Indian seaman who was suffering from pulmonary tuberculosis. As a precautionary measure the other five Indian seamen on board who shared his cabin were X-rayed at this port. One was found to require further observation. There was not time to do more at Dundee, but London, the next port of call, was notified.

While the purpose of these medical inspections is to safeguard the population of the Home Country it is good to reflect that the Port Doctor can many a time play the roll of the Good Samaritan at sea. A Polish trawler put in early one morning and landed a young trawlerman suffering from acute appendicitis. He was rushed to hospital and operated on. He completed the trawling expedition comfortably in Auchterhouse Convalescent Home. A jute liner anchored in the river and signalled an emergency call for a doctor. The Port Medical Officer was conveyed to the ship and found the Chief Steward suffering from a perforated duodenal ulcer. The pilot cutter brought him ashore and a waiting ambulance sped him to hospital.

There is always something of interest in the goings and comings at the docks and on the river. The Polish trawling fleet once again was operating at the mouth of the river. A Russian timber-laden ship from Leningrad berthed at King George Wharf and created some interest with its hammer and sickle flag and its Astrakan capped and collared seamen. A Swedish four-masted schooner was not the less interesting because of its auxiliary engine. Ships must move with the times.

One of the seamen's enemies is the rat. Foreign-going ships must carry a de-ratting certificate or after inspection a de-ratting exemption certificate. De-ratting is carried out by means of prussic acid gas and is a lengthy and costly business during which the crew is accommodated on shore. This year two trials were authorised of a new rat poison called sodium thuoracetate. It is dissolved in water and exposed in special cups throughout the ship. A careful routine eliminates the risk to other than rats, and the procedure does not involve disembarking the crew. In the case of one ship 20 rats were found dead near the cups and another 7 were reported when the ship reached Middlesborough. A de-ratting certificate was issued on the basis of one of these trials. It is too early yet to say if this rodenticide will replace the fumigation procedure. Shipping companies would welcome the process as an alternative to the troublesome gassing business.

Domestic Help Service

This service still continues to expand. At the end of 1954 there were 732 homes receiving assistance under the scheme and during 1955 new applications granted amounted to 1,118 so that a total of 1,850 households received assistance. At the end of 1955 the total number of assisted households was 811. To undertake the work the services of 55 whole-time and 198 part-time domestic helps were employed.

Details of the new cases assisted are Tuberculosis 47; Confinements 200; Acute cases 464; and other cases—principally old age and chronic sickness—407. Of the new applicants 149 paid the full cost of the service; 616 paid the "scale" amount; and 353 received additional payments from the National Assistance Board to meet the expense.

Night help or "sitters in" are not provided.

During the financial year to 15th May 1956, a total of 38,614 accounts amounting to £12,426 were issued and the sum of £12,370 was collected. The net cost of the service to the Local Authority after deduction of recoveries and Government Grant amounts to £23,073 compared with £20,077 for 1954/55.

Accounts are generally issued weekly and it is considered the number could be appreciably reduced, and also the expense of postage, if the National Assistance Board could make an arrangement regarding payment direct with the Local Authority, but, apparently, such an arrangement cannot be made as the extra payments must be made to applicants.

Health Visiting

The health visitors completed another very full year's work, but on account of their depleted ranks many of the duties devolving upon them could not be executed. The authorised number of health visitors for the city is 55, and the actual number engaged is 43, along with another full-time nurse for B.C.G. vaccination and 4 part-time nurses for clinic duties. The scarcity of staff is not common to Dundee and has now persisted for many years over the whole country. The other three cities are probably more fortunate than Dundee in that they have centres for the training of health visitors, and thus may have a reserve to call upon. It may be necessary for Dundee to consider falling into line with the other three cities in this respect. Actually this step was contemplated by my predecessor in office prior to the changes brought about by the National Health Services (Scotland) Act 1947. The whole question of health visiting is presently under review and may be the subject of a special report to the Health Committee in the near future.

Notwithstanding their depleted ranks the health visitors made a total of 87,037 visits in the course of the year—13,728 to expectant mothers; 34,344 to children under 1 year of age; 30,344 to children between 1 and 5 years of age; 4,919 visits to tuberculosis cases and contacts; and 3,702 to all other cases. Health visitors have also done much good work in the field of Health Education. They have been asked specially to concentrate on Dental Health to expectant and nursing mothers.

Home Nursing

During the year a total of 94,758 visits were made to 4,259 cases by the Dundee Sick Nursing Society and the Broughty Ferry Nursing Association. The comparative figures for 1954 were 91,755 visits and 4,057 cases. Many cases are discharged from hospital still in need of nursing attention and these kindly and expert services are much appreciated. Nothing but favourable comment is heard from those who benefit. Included in the above 1955 figures are 56,541 visits to 1,320 cases over 65 years of age, so that, so far as visitations are concerned, the service is almost 60% for such persons. The conditions necessitating the service are wide and varied and include all types of cases—medical, surgical, gynaecological, eye, ear, skin, cerebral, malignant, burns, colds, tubercular cases, injections, etc.

Very close co-operation exists with this service and general medical practitioners and the hospitals. Reports are supplied by the hospitals to doctors regarding their patients and on these reports the doctors make requests, if required, for nursing services. Hospitals only make requests when an urgent visit is required. All demands on the service have been met so far.

Health Education

Much was done in the City during the year with health education propaganda. On account of the Mass Radiography campaign special arrangements were made with the Scottish Council for Health Education whereby Dr Mearns addressed audiences in the Gaumont and Odeon Theatres and Dr H. Smith, Physician Superintendent, Ashludie Chest Hospital, in the Regal Theatre. The attendances at these three meetings totalled only about 800—a rather disappointing total considering the expense and work involved. Dr Mearns also gave a "briefing" talk to thirty of our health visitors and Dr L. M. Watson, also of the Scottish Council for Health Education, addressed the senior pupils of ten schools and at some of these impressively pertinent questions were asked by pupils about tuberculosis. In addition to this work doctors, health visitors and the dental officer also addressed many meetings on various subjects—general health, dental health, mothercraft, etc., etc.

Accidents in the Home

This subject received much publicity in the current year. Questions were raised in Parliament regarding such accidents and Dundee and Greenock got the "headlines" as being Scotland's blackest spots for deaths from accidents occurring in the home.

Deaths resulting from home accidents, along with those resulting from street or other accidents, are classified as " violent " deaths and altogether there were 137 such deaths during 1955. A very detailed analysis of these is shown in the following table:—

1955 — ANALYSIS OF VIOLENT DEATHS — 1955

Age Group.	Males.	Females.	Total.	Group Total.	Cause of Death.	Street and other Accidents.	Home, Accidental.	Suicide.
Under 1	1	2	3	—	Inhalation of vomit (2)	—	2	—
					Smothering	—	1	—
1-4	2	2	4	—	Motor accident	3	—	—
					Smothering	—	1	—
5-9	3	1	4	—	Motor car	3	—	—
					Cutting by glass	1	—	—
10-14	3	—	3	14	Motor car	2	—	—
					Railway accident	1	—	—
15-24	1	5	6	—	Motor accident	1	—	—
					Motor accident (year ago)	1	—	—
					Burning by fire	—	1	—
					Aircraft	1	—	—
					Anaesthesia	1	—	—
					Gas poisoning (coal gas)	—	—	1
25-34	6	1	7	—	Motor accident	1	—	—
					Railway accident	1	—	—
					Gas poisoning (coal gas)	—	1	1
					Drowning	1	—	1
					Fall (same level)	—	1	—
35-44	8	2	10	—	Motor accident (overturning)	1	—	—
					Railway accident	3	—	—
					Gas poisoning (coal gas)	—	1	3
					Other gases	—	—	1
					Poison	—	—	1
45-54	10	7	17	—	Motor	2	—	—
					Asphyxia—inhalation of vomit	—	1	—
					Gas poisoning (coal gas)	—	1	9
					Poisoning—barbiturate	—	1	—
					Poisoning—chloral, etc.	—	1	—
					Drowning	1	—	—
					Suicide—cutting instrument	—	—	1

Age Group.	Males.	Females.	Total.	Group Total.	Cause of Death.	Street and other Accidents.	Home, Accidental.	Suicide.
55-65	13	7	20	60	Motor accident	3	—	—
					Asphyxia—foreign body	—	1	—
					Fall—different level ...... —	—	1	—
					Gas poisoning (coal gas)	—	4	7
					Other gases	—	1	1
					Drowning	2	—	—
65-74	5	9	14	—	Gas poisoning (coal gas)	—	4	—
					Drowning .... —	2	—	—
					Suicide—poisoning	—	—	3
					Fall on stairs	—	1	—
					Fall—different levels	—	1	—
					Fall—same level	—	1	—
					Fall—unspecified	—	2	—
75-84	11	23	34	—	Motor car with train	1	—	—
					Motor car with pedestrian	1	—	—
					Fall—same level	—	1	—
					Fall—different level	—	1	—
					Fall—unspecified	—	12	—
					Gas poisoning (coal gas)	—	15	—
					Gas poisoning—other gases	—	1	—
					Accidental drowning	1	—	—
					Suicide—cutting instrument	—	—	1
85 & over	1	14	15	63	Burning by fire	—	1	—
					Fall—same level	—	1	—
					Fall on stairs	—	1	—
					Fall—unspecified	—	7	—
					Gas poisoning (coal gas)	—	5	—
	64	73	137	137		34	73	30

A number of the deaths actually occurred outwith the City but in accordance with the usual procedure these are transferrable to the usual place of residence.

From a cursory study of the table one might say that all of these deaths should not have occurred. This might have been the position if the preventive measures advocated by the Accident Prevention Committee of the Local Authority and by the health visitors and doctors' continual advice to mothers of the "do's and dont's" at clinics and in their own homes, had been observed. Furthermore, in the course of the year the Accident Prevention Committee issued a "Safety in the Home" booklet which was distributed by health visitors and others in the course of their visitations and at clinics, welfare food centres, schools, etc. Lectures on the subject have also been given to selected groups and classes in Mothercraft are held regularly. Literature and posters are received from the Royal Society for the Prevention of Accidents and these are displayed at clinics, etc.

Of the 73 home accidents 4 occurred in children under 15 years of age; 15 among the adolescents and those of working age; and 54 occurred among those aged 65 years and over.

Preventive measures adopted by the Department in respect of young children have already been detailed. With regard to the second group perhaps one could infer a certain amount of carelessness or indifference in some cases and psychological factors in others. In the annual report by the Area Firemaster he reports that smoking in bed caused seven fires and in two cases the smokers—both women—received treatment for burns at the Dundee Royal Infirmary. Another illustration was of a man who started to wash his hands in petrol with a lighted cigarette in his mouth. An explosion occurred! Such practices only ask for trouble. The third group concerns the old people, particularly those over 75 years of age, and those perhaps are mostly caused through physical frailty. Among the aged over 75 years, falls and coal gas poisoning are the dangers. It is difficult to prevent old people from falling on account of their progressive frailty. The accident rate from this cause lessens as the ages increase —probably on account of the old people being ultimately confined to bed. The dangers arising from accidental gas poisoning, particularly in connection with the aged, has been under consideration in the course of the year by official and voluntary agencies interested in the welfare of old people. The manager of the Dundee area of the Scottish Gas Board has arranged to give special priority attention to any defects in gas appliances in the homes of such people and postcards have been left so that visitors to the elderly may take immediate action if there is any fault to report.

More visitation of old people is required through official channels and also through voluntary agencies—Old People's Welfare Associations, Clubs, Churches, etc.

Research

In co-operation with the Department of Public Health and Social Medicine in Queen's College a survey was made to ascertain the nature and extent of difficulties experienced by old persons.

The survey was confined to persons of 65 years of age and over who were living in tenements in the central parts of the city. Three areas were chosen which presented the worst housing conditions remaining to-day—old property, much of it condemned or partially closed and awaiting demolition. The areas were selected in consultation with local government officers who were well acquainted with the "black spots" in the city, and they were delimited precisely on large scale maps so that they could be co-ordinated with data from the Sanitary Inspector's Department and the electoral registers. An attempt was made to find all the old persons in the chosen areas, using a Health Visitor for a house-to-house search of every block of buildings. During the preliminary stages of the survey sampling was used in order to minimise bias in case the whole programme could not be completed, but in the end the whole area was searched. It is realised that some old persons, particularly males in the younger age groups, managed to elude the Health Visitor.

At the close of the survey exactly 400 old people (the roundness of the number is fortuitous) had been interviewed, and their age and sex distribution is shown in Table I., with the numbers of those who were working either full-time or part-time. The areas from which they came were:—

Hawkhill	130
Hilltown	154
Lochee	116

TABLE I. — Old Persons in Dundee Tenements

	Number interviewed.			Number working.		
Age.	Males.	Females.	Total	Males.	Females.	Total.
65—	15	56	71	3	7	10
70—	36	94	130	9	5	14
75—	25	76	101	3	3	6
80—	22	47	69	1	1	2
85—	6	17	23	—	—	—
Not known	—	6	6	—	—	—
Totals	104	296	400	16	16	32

Interest was focussed on the social activities of the old people and their material and economic circumstances, rather than the purely medical aspects. A record was kept of conditions noted at the visits but the distinctive object of the survery was to elicit from the old people themselves expressions of the difficulties they experienced in their every day life and the needs which they themselves felt to be most urgent.

The housing conditions, typical of the old tenement slums found in Scottish cities, provided additional hardships for elderly persons of failing physique. The ground floor was often occupied by shops or business premises and three-quarters of the persons visited lived on upper floors, whose stairs were frequently steep, worn and exposed. When these buildings were originally built water supply and sanitation were confined to the courtyard at the back, often shared by many families; and in spite of ingenious attempts to incorporate these modern amenities into the fabric of the main building, many are still deficient by modern standards. More than half the old persons had to go to another floor or outside the premises to use a water-closet. Fixed baths were a rarity and a considerable proportion had no adequate cooking facilities. The general standards were well below the average for the whole city, and lower than the standards for families of comparable size in the centre of the city at the 1951 census (General Registry Office, 1953).

TABLE II. — Housing Conditions of Old Persons

(a) Floor upon which old person lived.

Floor.	Hawkhill.	Hilltown.	Lochee.	All.
4th or higher	2	14	—	16
3rd	10	17	8	35
2nd	33	38	25	96
1st	52	60	38	150
Ground floor	33	25	45	103
Totals	130	154	116	400

(b) Household arrangements.

Amenities.	Average for all Dundee.	Households of 1-2 persons in centre of City.	Survey findings (based on 400).
No cooking stove	0.8%	4.8%	18%
No fixed bath	58%	92%	95%
Shared water-closet	43%	71%	84%

In most other surveys the medical aspects have been approached from a doctor's point of view; they have been undertaken by doctors and assessed on an objective or prognostic basis. To the patient's doctor an ingrowing toe-nail is of minor importance compared with, say, an inoperable cancer; but to the patient the former may cause just as much concern. In an attempt to sound the old people's views they were therefore questioned about the complaints which mattered most to them, and were asked three questions broaching the topic from different aspects. They were asked first (i) Have you any ailments? then (ii) What do you complain of most? and, finally (iii) Is there anything else that worries you? The first disease complaint or symptom to be mentioned was taken to be the most important from the patient's standpoint. There was no prompting, or reference to specific diseases.

No medical history or examination was attempted: the only other medical record made was a note of obvious causes of incapacity such as defective vision and deafness or whether crippled, edentulous or incontinent. The results obtained illustrate how the emphasis placed by the patient may differ from that which might be given by a doctor or another person. This discrepancy has been noted before; thus Hobson and Pemberton (1955) found that many old people with high blood pressure were apparently quite well.

It was found in the present survey that many old people who were deaf or had failing vision did not trouble to mention this in their list of disablities. Such things were not worth complaining about—their gradual onset and inevitability had presumably blunted their troublesome nature, and they had been accepted as natural accompaniments of old age.

TABLE III. — Medical Complaints and Defects Recorded (from 400 old persons)

Condition Giving Rise to Chief Complaint by Old Person	
Rheumatism and arthritis (30), accidents (3), joints (1)	8%
Bronchitis (13), chest (11)	6%
Hypertension (11), cardiac (11), dyspnœa (1), swelling of limbs (1)	6%

Total Prevalence of Defect Noted by Health Visitor	
Crippled	23%
Edentulous	33%
Deaf	23%
Blind or partially blind	14%
Incontinent	6%

Condition Giving Rise to Chief Complaint by Old Person		Total Prevalence of Defect Noted by Health Visitor	
Disease of stomach (2), disease of colon (3), hernia (5)	2%	**Combination of defects—** Blind, crippled or both	34%
Nephritis (4), kidney disease (1), infection (1), supra-pubic (3)	2%	Blind, crippled or incontinent	37%
Diseases of eye (9)	2%		
C.N.S. vascular disease (2), palsies (3)	1%		
No medical complaint	37%	None of specified defects	35%

Interference with locomotion was not accepted with such resignation, and complaints on this score approximated more to the Health Visitor's assessment of disability. It is likely that the complainants have uppermost in their minds disabilities of recent origin or disturbing nature even though of only minor importance; and they are liable to take for granted the long-standing load of constant disability. In this respect the findings may differ widely from those of other surveys in which the old person has been asked in detail about specified symptoms. Among the important and surprising omission are vertigo (only 1 case) and painful feet (not mentioned).

The commonest complaints are shown in Table III. set alongside the chronic disabling disorders noted by the Health Visitor. From the point of view of mobility, it was found that 5 (1%) were confined to bed and 61 in all (15%) were housebound; another 39 (10%) could only get out with assistance, leaving 300 (75%) who were able to get out alone. The increase of disability at advanced age can be illustrated by the percentage of males and females at different ages who are able to get out alone:—

	Age 65—	75—	80—	Not Stated.	Total.
Males					
Number in group	51	25	28	—	104
Able to get out alone	45	21	18	—	84
Percentage	88	84	64	0	81
Females					
Number in group	150	76	64	6	296
Able to get out alone	114	60	36	6	216
Percentage	76	79	56	100	73
Both Sexes					
Number in group	201	101	92	6	400
Able to get out alone	159	81	54	6	300
Percentage	80	80	58	100	75

At all ages females seem slightly less mobile than males although the difference is not statistically significant, but there is a sharp drop for both sexes after the age of 80. It should be remembered that the persons under consideration are the survivors, after death and transfer to institutions have removed the less fit. The downhill course for any one individual is therefore likely to be more rapid than that portrayed by the above statistical picture of survivors only.

Laundry facilities a major problem.

Although three-quarters of the group were able to get out unaided, many suffered from disabilities which handicapped them in their daily tasks. Information was sought on the effects of these by asking the old people, from a list of possible needs, what was their greatest need at that moment. The answers are given in Table IV. alongside a summary of help actually being received from various sources.

TABLE IV. — Social Requirements

Replies to " Which is Your Greatest Need."		Help Being Received From Various Sources.	
Housekeeping needs:		**Statutory Help:**	
Assistance with laundry (242)	61%	Home help—	
Assistance with shopping (148) …… …… …… ……	37%	Daily (8), less often (28) ……	9%
Assistance in house (166) ……	42%	Meals-on-wheels (17) ……	4%
Social:		**Relatives:**	
Absence of social life (141) ……	35%	Living with relatives (127) ……	32%
Lack of visits from friends (81) …… …… …… ……	20%	Visits from relatives—	
Financial:		Daily (74) …… …… ……	18%
Needing more money (96) ……	24%	At least once weekly (74) ……	18%
		Not applicable (192) ……	48%
		Governmental:	
		National Assistance (154) ……	38%

The outstanding difficulty is thus seen to be that of doing the household laundry. A characteristic feature of these tenements is the " pulley sheath " by which clothes to be dried are strung from an upper-storey window across the back courtyard. This was the sole means of drying clothes for 106 (26%) of the old persons. In addition to the heavy labour of washing, manipulation of the line and the clothes while leaning out of an open window must be beyond the power and agility of many aged persons, and it is often found that the heaviest washing (sheets, towels or blankets) are sent to a commercial laundry and only the lighter articles of clothes are done at home.

Other similar needs, for assistance with shopping and household duties, were closely related to difficulties with the laundry, but were not so frequently expressed; they may nevertheless pose serious problems in some cases. A considerable proportion of old people found difficulty in getting about; even 30% of those accustomed to going out unaided experienced difficulties in doing so and were in consequence less able to visit friends or attend church, clubs or cinema. A frequent complaint was lack of social life or absence of visits from friends. Any form of physical handicap whether blindness, deafness or being crippled or edentulous raised the proportion feeling this lack; and it reached a maximum of 100% in those afflicted with incontinence. Relatives appeared to be shouldering their responsibilities fairly adequately. One-third of the old people were living with relatives and another one-sixth had no relatives; of the remainder nearly three-fourths were being visited at least once weekly.

The need for more money was the least often expressed of the major needs. It was recorded most frequently among those—amounting to 38% of the total—who were drawing National Assistance, and also among those living alone. High rents might possibly be expected to increase the need for money, but no support for this possibility was found for this in the data.

Weekly rent under 5/- (62)	52%	say they need more money.
Weekly rent 5/- and under 7/- (168)	30%	,, ,, ,, ,,
Weekly rent 7/6 and over (123)	21%	,, ,, ,, ,,

The relationships between rent and other economic factors are complex and the grant of Special National Assistance allowances to cover rent makes the interpretation of these results difficult.

Views on Housing.

A series of questions were put to the old people in an endeavour to ascertain their preferences with regard to housing. Some mistook these questions as actual offers to rehouse them and 4% of the replies had to be rejected as useless for coding. Although half (206) of the old people said they would be prepared to move into a better house, nearly three-quarters (289) would not consider leaving the locality in which they had lived often for many years. Their reasons were that they knew the neighbourhood, they were near shops, and the friends left to them lived nearby. This unwillingness to move to the new housing estates, even though they believed the tenements to be warmer and less draughty than council houses, was not entirely the result of love of the houses they occupied, for in most cases complaints were recorded of disadvantages in these houses.

The outstanding disadvantage mentioned was having a water closet outside the building or on another floor of the tenement. This bears particularly heavily on aged persons who may have varying degrees of nocturnal frequency or be handicapped by failing vision or physical infirmities. Ground floor apartments often have water-closets built away from the main building and approached across a public close, so that the lack of privacy is accentuated. As shown in Table V. below, ground floor dwellers also complain about damp and darkness, but on the other hand they do not have steep stairs to contend with.

Complaints about outside water-closets are not quite so frequent from those living on the higher floors, but the burden of steep stairs increases rapidly as the level of the apartment in the building increases. Curiously, few old people mentioned being too high up as a disadvantage of their situation (only 2% of those living on floors higher than the first) so there seem to be compensating advantages to the irksome stairs. The group with least complaints were those living on the first floor, but this finding should be compared with the expressed preferences mentioned later.

TABLE V. — Worst Drawbacks in Present Tenement Housing according to Old Persons

Floor on Which Old Person Lived.	Complaints.				
	Outside Toilet.	Dark and Damp.	Steep Stairs.	No Complaint.	No. in Group.
Ground	61 (59%)	34 (33%)	0 (0%)	7 (7%)	103
1st	134 (45%)	29 (6%)	6 (4%)	26 (17%)	150
2nd			20 (21%)	6 (6%)	96
3rd			25 (50%)	5 (10%)	51
All	195 (49%)	63 (16%)	51 (13%)	44 (11%)	400

It was not easy to get clear-cut proposals on the type of housing preferred, and over one-third expressed no opinion at all. Of the remainder, nearly one half (46%) preferred a modern type house, and a few (18%) preferred tenements, but many of these would not be prepared to leave their present housing. Preferences for the floor on which to live were divided between ground floor (58%) and first floor (41%), less than 1% wanting to live on floors higher than the first. The reasons given for preferring the ground floor were convenience and medical disabilities, and for preferring the first floor, warmth, fewer intruders and more air.

The old people were unable to offer many suggestions for improving their existing housing. Apart from repairs the only major recommendation was the provision of an inside toilet, but only 3½% put this forward as a feasible proposition. As to fittings, again there was no clear indication. Practically all wanted a fixed bath, but were unable to offer more specific recommendations; only 3½% wanted a full-length bath. The same conservative outlook was found with cooking arrangements, the majority being content to keep their present system, i.e., gas stove with oven. A small number (3%) desired to have gas rings and no stove.

Conclusions.

What importance can be attached to these expressions of preferences and needs by the old people? There are three obvious weaknesses: (i) an unknown number of old people, particularly males in the 65-70 age group, managed to elude contact with the Health Visitor. These were presumably the more active males still able to maintain efficient social contacts, and so presenting fewer problems than the older groups. (ii) The replies vary greatly in value from person to person due to differences in mental alertness and willingness to cooperate in the enquiry. In a few cases the old people were able to provide information on matters of fact, but were unable to assist in the more conjectural realms of preferences. (iii) The subject matter of the questions differ in importance; again, on matters of fact they can be taken at their face value, but a desire to have more money is not cogent evidence of any real need. It is also worth remembering that a higher proportion of affirmative replies only means a greater degree of unanimity; it does not necessarily mean that the topic is more important.

There is no easy solution to any of the problems brought to light by this survey. Rehousing in a new housing estate would only attract a small proportion of aged persons, and the greater distance from shops and friends would impose hardships on them. On the other hand, new housing in the densely-populated central areas runs counter to town zoning schemes. Some tenements were seen which had been altered to give each occupier a separate water-closet, but it is unlikely that extensive conversions would be undertaken in property liable to be condemned and closed.

The need for help in household tasks, particularly with the laundry, is difficult to combine with the desire of many old people (old ladies more especially) to remain independent and to manage for themselves. Tactful and individual handling of each case is called for, and several solutions suggest themselves. These would include more, and a greater choice of home helps although perhaps admittedly difficult; more financial assistance towards the cost of laundry or other expenses; fostering help from families, friends and voluntary agencies; and a constant look-out for those who need help. On the whole the main difficulty would appear to be not in providing the help needed but in making it acceptable to the old persons, and not robbing them of their independence and responsibilities. The old persons are at times averse to claiming monetary assistance, and in some cases they have tried home helps but preferred to do things their own way for themselves.

Little has been said so far about institutional care. Most of these old people were in no need of such care, but a few were becoming senile and incapable. When asked about their preference for the future, when they would be unable to manage by themselves, it was natural that they should have in mind the Poor Law accommodation of the past and should elect for that only as the last resort. Even when given the choice of more modern Eventide Homes, they would prefer, if possible, to remain in the care of relatives, and all would agree with the value of fostering their independence for as long as they can mange.

This survey would have been impossible without the devoted labour of the health visitor (Miss M. M. Collins) who visited all the old people in their homes.

Housing

In the Annual Report of the Sanitary Department for 1955, Mr Smith, Chief Sanitary Inspector covers this subject. The satisfactory trend in housing continued during the year. A total of 1,555 dwellings were completed—1,052 by the Corporation, 221 by the Scottish Special Housing Association and 282 by private enterprise. These figures are very satisfactory but do not justify any complacency. Much still remains to be done as far too many families are still living in sub-standard houses. At the end of the year there still remained in occupation 2,017 dwellings in clearance areas and 95 condemned as unfit for human habitation.

It is pleasing to observe, however, that overcrowding—though not by any means eliminated—may now be regarded as one of the minor housing problems in the City. During the year 984 families known to have been living in overcrowded conditions were rehoused.

Food

The Chief Sanitary Inspector, in his report, details the work done by his inspectorate in the supervision of food premises and this work is continually bearing fruit. Traders are becoming increasingly conscious of their responsibilities to the public in matters of food hygiene.

Fully 17 tons of foodstuffs were destroyed during the year by voluntary surrender.

Samples of 590 various kinds of foodstuffs were obtained for analysis and of these 580 were reported by the analyst as complying with the appropriate legal standards.

Of the samples of milk taken none was found to be adulterated and the average fat content was 3.78%—0.78% above the prescribed minimum. Forty of the samples taken were found to possess a fat content of 4% and over. Of the ice cream samples taken the averages were—fat 6.93%, milk solids—not fat, 9.43% and sugar 13.56%. The prescribed minima for these being 5%, 7½% and 10% respectively.

The New Foods and Drugs Act came into operation on 1st August of the present year. The provisions of the Act are very wide and will enable action to be taken to enforce more hygenic production and handling of foodstuffs—such action was hampered in the past through lack of adequate legislation.

Factories Acts 1937 and 1948

Details of the work done under these Acts by the inspectorate of the Sanitary Department are shown in the Statistical section of this Report—Table XXX. Altogether 189 defects were found. No prosecutions were instituted.

In conclusion I wish to express my sincere thanks to all members of the staff for their co-operation and assistance in the work of the Department during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

IAN B. L. WEIR,
B.Sc., M.B., Ch.B., D.P.H., D.P.A.

Medical Officer of Health.

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TABLE I.

Return showing Causes of Death (corrected for transfers) at the different age periods during 1955.

Cause of Death.	ALL AGES			Under 4 weeks	4 wks. to 1 yr.	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 and over
	Total	Males	Females													
Tuberculosis of Respiratory System	27	15	12	—	—	—	—	—	3	3	2	8	4	2	5	—
Tuberculosis, other forms	5	2	3	—	—	—	—	1	1	2	1	—	—	—	—	—
Syphilis and its sequelae	6	4	2	—	—	—	—	—	—	—	—	—	3	3	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, all forms	2	1	1	—	—	—	—	—	—	1	—	—	—	—	1	—
Scarlet Fever and streptococcal sore throats	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	2	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasms	438	212	226	—	—	1	2	—	2	8	16	59	107	126	99	18
Benign and unspecified neoplasms	6	1	5	—	—	1	—	—	—	—	1	—	—	2	2	—
Diabetes Mellitus	16	9	7	—	—	—	—	—	1	—	2	—	5	5	3	—
Anaemias	10	1	9	—	—	—	—	—	—	1	—	1	1	2	4	1
Other general diseases	17	9	8	—	3	—	—	—	—	—	1	3	5	4	1	—
Vascular lesions affecting central nervous system	318	121	197	—	—	—	—	—	—	—	2	13	41	83	142	37
Non-meningococcal meningitis	4	1	3	—	1	—	—	—	—	—	—	1	—	1	1	—
Other diseases of nervous system	20	6	14	—	2	1	—	—	1	—	—	1	2	7	4	2
Rheumatic fever	2	1	1	—	—	—	—	—	1	—	—	—	1	—	—	—
Chronic rheumatic heart disease	35	13	22	—	—	—	—	—	—	1	3	12	10	5	3	1
Arteriosclerotic and degenerative heart disease	570	272	298	—	—	—	—	—	—	—	10	40	74	157	216	73
Other diseases of heart	17	8	9	—	—	1	—	—	—	1	—	2	6	4	3	—
Hypertension with heart disease	25	10	15	—	—	—	—	—	—	—	—	—	11	4	10	—
Hypertension without heart disease	18	8	10	—	—	—	—	—	—	—	1	—	5	3	8	1
Other circulatory disease	62	24	38	—	1	—	—	—	—	—	1	2	8	15	25	10
Influenza	10	3	7	—	—	—	—	—	—	—	—	—	1	2	3	4
Pneumonia	119	55	64	—	11	1	—	—	—	—	—	4	14	26	47	16
Bronchitis	77	52	25	—	—	—	—	—	—	—	—	8	14	25	23	7
Other respiratory diseases	16	15	1	—	—	—	—	—	—	—	2	3	7	4	—	—
Ulcer of stomach and duodenum	13	9	4	—	—	—	—	—	1	1	1	1	1	5	3	—
Appendicitis	5	2	3	—	—	—	—	—	1	1	—	—	—	—	3	—
Intestinal obstruction and hernia	19	9	10	—	—	—	—	—	—	—	1	1	6	6	3	2
Gastritis and duodenitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea (except of newborn)	18	9	9	—	13	—	—	—	—	—	—	2	1	1	1	—
Cirrhosis of liver	4	2	2	—	—	—	—	—	—	—	—	—	3	1	—	—
Other diseases of liver	10	1	9	—	—	—	—	—	—	—	1	—	1	3	5	—
Other digestive diseases	4	1	3	—	—	—	—	—	—	—	—	—	3	1	—	—
Nephritis and nephrosis	19	11	8	—	—	—	1	1	—	—	2	3	4	7	1	—
Hyperplasia of prostate	25	25	—	—	—	—	—	—	—	—	—	—	3	3	17	2
Other diseases of genito-urinary system	14	3	11	—	—	—	—	—	1	—	1	—	2	5	3	2
Puerperal sepsis, including post-abortive sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other puerperal causes	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—
Diseases of skin and organs of locomotion	13	1	12	—	—	—	—	—	—	1	—	3	1	3	4	1
Congenital malformations	26	10	16	13	7	2	—	—	1	—	—	—	1	2	—	—
Birth injuries, post-natal asphyxia and atelectasis	31	19	12	31	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia of newborn	4	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea of newborn	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Other infections of the newborn	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases peculiar to early infancy	15	9	6	14	1	—	—	—	—	—	—	—	—	—	—	—
Senility	11	2	9	—	—	—	—	—	—	—	—	—	—	—	8	3
Causes ill defined and unknown	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Suicide	30	16	14	—	—	—	—	—	1	2	5	10	8	3	1	—
Motor vehicle accidents	18	11	7	—	—	3	3	2	1	1	1	2	3	—	2	—
Other road transport accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other violence	89	37	52	—	3	1	1	1	4	4	4	5	9	11	31	15
	2198	1026	1172	65	46	12	7	5	20	27	58	184	365	531	682	196

TABLE II.

Death-rates at Various Age-periods (from all causes each year, 1946-1955).

Age Periods.	1946.		1947.		1948.		1949.		1950.		1951.		1952.		1953.		1954.		1955.	
	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.
All Ages	2381	14.1	2467	13.7	2292	12.6	2442	13.5	2411	13.5	2498	14.0	2195	12.3	2148	12.1	2186	12.4	2198	12.4
0—5	230	16.6	333	22.5	196	13.2	170	11.5	182	12.4	149	10.2	116	6.9	115	6.8	119	7.1	123	7.3
5—10 10—15	42	1.5	30	1.0	20	0.7	21	0.7	8	0.3	11	0.4	8	0.3	17	0.7	11	0.4	12	0.5
15—25	52	2.3	54	2.2	61	2.5	49	2.0	42	1.7	43	1.8	18	0.7	19	0.8	16	0.6	20	0.8
25—35	77	2.9	61	2.2	66	2.3	64	2.2	50	1.8	62	2.2	39	1.6	34	1.4	32	1.3	27	1.1
35—45	107	4.3	122	4.6	94	3.5	105	4.0	109	4.2	78	2.9	74	2.9	68	2.7	68	2.7	58	2.3
45—55	217	10.9	197	9.3	218	10.0	195	9.2	228	10.9	217	10.4	183	7.8	180	7.7	176	7.5	184	7.8
55—65	348	19.5	328	17.2	351	18.3	406	21.4	389	20.6	373	19.7	341	19.6	334	19.2	367	21.2	365	20.1
65—75 75—85 85 plus	1308	82.3	1342	79.4	1286	75.6	1432	85.2	1403	83.6	1565	93.4	1416	76.6	1381	75.0	1397	76.0	1409	76.1

TABLE III.

Death-rate (from all causes) each month during the years 1946-55

Month.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.
January	20.3	18.7	15.4	16.4	14.8	23.2	15.6	13.7	13.3	16.7
February	16.3	19.2	14.1	21.3	15.5	19.5	14.2	12.1	11.0	14.5
March	18.1	17.9	14.3	14.8	14.9	16.4	14.7	13.7	14.7	20.1
April	15.6	14.0	13.4	13.7	12.2	11.7	16.1	12.5	13.1	14.0
May	12.8	14.2	13.6	12.7	12.3	12.1	11.6	11.7	10.9	12.2
June	13.0	12.4	10.8	11.2	10.9	12.4	10.0	10.8	9.8	9.1
July	11.8	12.6	11.0	9.2	12.6	10.2	8.9	10.2	10.8	13.8
August	11.7	12.8	11.8	11.2	12.4	12.0	10.1	10.2	11.4	9.8
September	10.8	11.2	12.8	10.1	10.4	10.9	10.8	9.8	11.9	8.7
October	10.6	11.3	10.6	11.4	12.0	12.4	10.3	10.4	10.6	10.8
November	14.9	13.2	13.2	12.6	14.3	11.3	10.4	12.2	12.1	11.6
December	17.8	16.9	12.9	16.0	17.1	12.5	14.0	16.9	15.1	11.4

TABLE IV.

Death-rate (from all causes) in various Wards each year, 1946-55

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1946	14.1	11.6	13.1	14.2	15.6	21.8	10.8	18.5	11.8	12.4	16.1	12.1
1947	13.7	11.3	12.6	12.9	14.7	19.0	9.9	20.3	11.9	12.9	16.3	11.6
1948	12.6	8.3	12.6	13.4	17.5	17.5	9.2	14.7	10.1	11.1	14.3	12.3
1949	13.5	10.2	13.5	12.6	16.9	19.1	8.9	19.0	11.6	11.3	17.9	11.5
1950	13.5	9.9	11.1	15.3	15.9	18.1	8.9	21.4	11.1	13.9	16.9	11.3
1951	14.0	7.8	10.8	14.6	19.5	21.6	9.4	13.6	11.3	11.7	17.2	12.8
1952	12.3	9.2	13.6	11.0	12.3	12.2	15.7	10.6	14.1	14.2	12.0	13.9
1953	12.1	10.8	12.0	10.3	11.7	12.6	11.0	11.1	13.7	13.6	15.6	12.8
1954, old ...	12.4	10.3	15.2	10.8	11.0	13.7	10.4	11.6	12.4	14.8	15.1	13.2
1954, new ...	12.4	10.8	14.3	11.8	11.7	12.1	12.2	13.0	12.0	13.4	13.4	11.8
1955	12.4	11.6	13.0	11.8	13.2	12.0	13.0	12.3	10.5	11.1	14.8	12.9

TABLE V.

Birth-rate in Various Wards Each Year, 1946-55

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1946	22.3	22.8	16.4	27.1	31.2	32.8	16.6	26.4	18.7	21.4	30.0	20.9
1947	23.1	19.9	16.8	29.5	31.2	32.0	19.0	22.8	20.0	18.5	22.5	21.2
1948	19.8	10.5	12.6	28.6	27.1	23.7	15.9	25.3	17.5	16.5	17.3	17.2
1949	18.7	15.7	14.2	25.2	26.1	21.8	14.8	26.3	14.4	15.4	15.3	17.3
1950	17.8	13.5	11.2	26.1	24.5	19.6	15.1	23.2	14.6	15.9	13.8	11.6
1951	17.6	13.2	12.1	27.9	25.6	18.0	13.6	31.5	13.3	15.3	10.5	14.4
1952	17.7	15.4	15.7	18.1	18.0	15.2	24.3	16.8	17.8	19.9	12.3	21.9
1953	17.9	16.6	14.2	18.1	17.7	20.2	21.0	16.4	15.9	20.6	12.9	21.5
1954, old ...	18.1	16.5	14.8	19.1	17.3	20.8	19.2	16.2	15.8	17.7	20.5	20.1
1954, new ...	18.1	18.9	17.4	23.8	16.6	19.3	16.1	21.6	14.8	14.6	19.2	17.1
1955	17.5	15.9	15.7	23.2	15.5	20.1	15.4	19.1	14.1	13.9	22.9	16.8

TABLE VI.

Infantile Death-rate (per 1,000 births) in Various Wards Each Year, 1946-55

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1946	47	51	38	67	42	46	54	26	50	41	55	47
1947	70	81	86	77	52	59	92	57	82	103	24	58
1948	47	52	46	41	57	48	63	54	29	52	16	69
1949	44	48	52	35	62	50	38	36	39	46	36	35
1950	50	48	67	46	49	35	68	60	35	78	20	44
1951	41	31	69	45	35	46	61	32	62	20	34	35
1952	31	24	14	24	27	42	35	27	46	31	35	34
1953	32	18	32	36	41	39	32	25	39	40	7	28
1954, old	33	37	46	41	14	49	30	30	17	12	25	60
1954, new	33	28	37	40	11	53	22	34	30	8	31	55
1955	36	30	31	35	45	33	18	51	23	42	46	32

TABLE VII.

Death-Rate in Various Wards from Principal Epidemic Diseases Each Year, 1946-55

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1946	.21	.18	.18	.19	.24	.29	.25	.28	.16	.22	.19	.11
1947	.08	.23	.08	—	.17	—	—	—	.10	.15	.18	—
1948	.09	—	—	.12	—	.05	.06	.07	—	—	.09	.05
1949	.11	—	—	.12	.33	.13	.11	.07	.10	.10	—	.10
1950	.03	.06	—	—	.06	—	.11	—	—	.05	—	.05
1951	.15	.12	.17	.06	.17	.20	.17	.15	.05	.21	.28	.10
1952	.11	.15	.11	.17	.10	—	.29	.08	.14	.27	—	—
1953	.05	.08	—	.04	—	.05	—	.04	—	.28	.09	—
1954, old	.03	—	—	.04	—	—	—	—	—	.14	.17	—
1954, new	.03	—	—	.06	—	—	—	—	—	.12	.15	—
1955	.08	.07	.07	.06	.18	.05	—	.07	.07	.06	.15	.15

TABLE VIII.

Pulmonary Tuberculosis Death-rate in Various Wards Each Year, 1946-55

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1946	.70	.55	.26	1.01	1.19	.79	.24	.61	.49	.92	.68	.70
1947	.82	1.24	.99	.65	.84	1.42	.56	1.87	.36	.81	.63	.46
1948	.65	.34	.41	.53	.78	1.27	.68	.93	.59	.61	.36	.71
1949	.75	.40	.99	.71	1.12	1.42	.90	1.37	.51	.30	.45	.41
1950	.58	.29	.67	.66	.96	.68	.52	1.67	.31	.31	.28	.31
1951	.40	.06	.17	.54	.79	.48	.17	87	.46	.31	.18	.31
1952	.22	.08	.34	.26	.14	.15	.10	.37	.27	.41	.17	.07
1953	.17	—	—	.09	.34	.20	.19	.37	.20	—	.09	.13
1954, old	.19	—	—	.22	.24	.24	.10	.41	—	.34	.17	.07
1954, new	.19	—	.28	.25	.29	.20	.35	.46	.06	.06	.15	.05
1955	.15	.07	.14	.06	.18	.10	—	.20	.19	.18	.22	30

TABLE IX.

Tuberculosis (all forms) Death-rate in Various Wards Each Year 1946-55

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1946	.87	.74	.35	1.07	1.37	1.01	.60	.77	.88	.98	.87	.70
1947	.94	.92	1.32	.76	1.01	1.42	.79	2.16	.31	.81	.82	.46
1948	.72	.41	.49	.53	.89	1.34	.73	.93	.61	.66	.45	.76
1949	.84	.40	.99	.71	1.23	1.61	1.07	1.59	.56	.36	.45	.46
1950	.62	.29	.75	.72	1.08	.75	.52	1.67	.42	.31	.28	.31
1951	.44	.11	.17	.66	.85	.55	.17	.95	.46	.31	.37	.31
1952	.25	.08	.34	.26	.14	.15	.10	.40	.27	.55	.26	.07
1953	.20	.08	—	.17	.34	.24	.19	.41	.20	—	.09	.13
1954, old ...	.20	.08	—	.22	.24	.24	.10	.41	.07	.34	.17	.07
1954, new ...	.20	.07	.28	.25	.29	.20	.35	.46	.13	.06	.15	.05
1955	.18	.13	.14	.13	.18	.20	—	.20	.19	.18	.22	.35

TABLE X.

Deaths and Death-rates from Various Groups of Causes Each Year since 1947 (all ages)

Disease Group.	1947. Pop., 180,730		1948. Pop., 181,805		1949. Pop., 180,786		1950. Pop., 178,349		1951. Pop., 178,220		1952. Pop., 177,868		1953. Pop., 177,174		1954. Pop., 176,784		1955. Pop., 177,944	
	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.	No. of Deaths.	Rate per 1000 Pop.
Congenital	117	.65	64	.35	93	.52	96	.53	75	.43	65	.37	68	.38	82	.47	79	44
Digestive	184	1.02	152	.83	110	.61	106	.60	113	.64	84	.47	80	.45	83	.47	73	.41
Respiratory	246	1.36	196	1.08	234	1.24	190	1.07	263	1.42	184	1.03	164	.93	179	1.01	212	1.19
Infective	195	1.08	150	.82	156	.87	116	.65	100	.56	61	.34	42	.24	42	.24	48	.27
Circulatory	762	4.22	782	4.30	893	4.95	845	4.74	867	4.78	815	4.58	769	4.34	757	4.28	729	4.10
Genito-urinary	79	44	86	.47	76	.42	51	.29	70	.40	42	.24	67	.38	59	.33	58	.33
Malignant	328	1.81	376	2.07	384	2.13	448	2.52	409	2.30	420	2.36	417	2.35	457	2.59	438	2.46
Nervous	326	1.80	265	1.46	311	1.73	313	1.76	303	1.70	322	1.81	323	1.82	319	1.80	342	1.92
Other Causes	230	1.27	221	1.22	185	1.03	246	1.38	298	1.68	202	1.14	218	1.23	208	1.18	219	1.23
	2,467	13.7	2,292	12.6	2,442	13.5	2,411	13.54	2,498	14.00	2,195	12.34	2,148	12.12	2,186	12.37	2,198	12.35

TABLE XI.

Certified Causes of Death at Various Ages Under 1 Year During 1955

Cause of Death.	WEEKS Under 1	1/2	2/3	3/4	Total.	MONTHS Under 2	2/3	3/6	6/9	9/12	Total
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	2	2
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	1	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Infantile Paralysis	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—											
Lung	—	—	—	—	—	—	—	—	—	—	—
General	—	—	—	—	—	—	—	—	—	—	—
Abdominal	—	—	—	—	—	—	—	—	—	—	—
Brain	—	—	—	—	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—	—
Other Infectious Diseases	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms)	3	—	—	1	4	1	4	4	1	1	15
Bronchitis	—	—	—	—	—	—	—	—	—	—	—
Laryngitis	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Respiratory System	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	—	—	2	—	2	3	2	6	—	2	15
Other Diseases of Digestive System	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not T.B.)	—	—	—	—	—	—	—	—	—	1	1
Convulsions	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Nervous System	—	—	—	—	—	—	—	1	1	—	2
Congenital Malformations	10	1	1	1	13	1	2	1	2	1	20
Congenital Debility, Icterus, Sclerema, Marasmus	—	—	—	—	—	—	—	—	—	—	—
Premature Birth	9	1	1	—	11	—	—	—	—	—	11
Injury at Birth, Post Natal Asphyxia, Atelectasis	30	1	—	—	31	—	—	—	—	—	31
Other Diseases peculiar to Early Infancy	4	—	—	—	4	—	—	1	—	—	5
Suffocation, Over-laying	—	—	—	—	—	—	—	1	—	—	1
Rickets	—	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—	—
Violence	—	—	—	—	—	—	1	—	1	—	2
All other causes	—	—	—	—	—	1	—	—	2	2	5
TOTAL	56	3	4	2	65	6	9	15	7	9	111

TABLE XII.

Infant Mortality Rates from Various Groups of Causes Each Year, 1946-55

Year.	Congenital.	Digestive.	Respiratory.	Infectious Disease.	All Other Causes.	Rate per 1,000
1946	22	3	11	1	10	47
1947	28	20	14	1	7	70
1948	20	16	7	2	2	47
1949	27.5	4	8	0.3	4.2	44
1950	25	4	15	1	5	50
1951	21.6	2.2	12.4	0.3	4.2	40.7
1952	20.1	1.9	4.1	0.6	4.1	30.8
1953	19.2	1.2	5.4	0.3	6.0	32.1
1954	21.9	1.6	5.9	0.3	3.8	33.5
1955	21.6	4.8	4.8	1.0	3.5	35.7

TABLE XIII.

Infant Mortality Rates from all causes at Various Age Periods, 1946-55

Year.	Births.	Death-Rates Under 1 Week.	Under 1 Month.	Under 3 Months.	Under 1 Year
1946	3,941	20	27	35	47
1947	4,169	24	33	47	70
1948	3,598	13	19	30	47
1949	3,385	24	28	33	44
1950	3,171	22	29	39	50
1951	3,142	20	25	32	41
1952	3,145	16	20	24	31
1953	3,174	16	20	24	32
1954	3,197	22	24	27	33
1955	3,107	18	21	26	36

TABLE XIV.

Number of Illegitimate Births, Number of Deaths (under 1 year) of Illegitimate Infants, and Death-rate per 1,000 Illegitimate Births since 1946

Year	Illegitimate Births.	Deaths of Illeg. Infants.	Rate per 1,000 Illeg. Births.
1946	281	23	82
1947	275	30	109
1948	214	17	79
1949	232	15	65
1950	208	23	110
1951	210	13	62
1952	205	14	68
1953	180	14	78
1954	200	17	85
1955	182	14	77

TABLE XV.

Table showing Number of Still Births and Rate per 1,000 Births, 1946-55

Year	No. of Still-Births.	Total of Live Births and Still-Births.	Rate per 1,000 total Births (Live & Still)
1946	136	4,077	33.65
1947	108	4,277	25.25
1948	108	3,707	29.13
1949	96	3,481	27.58
1950	100	3,271	30.58
1951	82	3,224	25.43
1952	76	3,221	23.59
1953	80	3,254	24.59
1954	93	3,290	28.27
1955	75	3,182	23.57

TABLE XVI.

Annual Death-Rate per 100,000 population and Case Mortality, per cent., from Measles and Whooping Cough Each Year since 1946

	MEASLES.				WHOOPING COUGH.			
Year	Cases	Deaths	Death Rate per 100,000	Case Mortality per cent.	Cases	Deaths	Death Rate per 100,000	Case Mortality per cent.
1946	1,671	10	5.9	.6	522	3	1.8	.57
1947	424	2	1.1	.5	455	3	1.7	.65
1948	1,322	2	1.1	.15	366	4	2.2	1.08
1949	324	1	0.6	.31	249	—	—	—
1950	1,097	—	—	—	1,203	1	0.6	.08
1951	503	—	—	—	1,198	—	—	—
1952	887	1	0.6	.11	669	1	0.6	.15
1953	707	—	—	—	421	1	0.6	.24
1954	1,425	—	—	—	949	2	1.1	.21
1955	107	2	1.1	1.87	235	1	0.6	.43

TABLE XVII.

Maternal Mortality Rates — Number of Deaths per 1,000 Registered Births plus Stillbirths, 1946-55

1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.
2.0	.96	1.4	2.3	0.3	1.6	0.6	--	1.2	0.3

TABLE XVIII.

Death-rates per 100,000 Each Year since 1946 from the Respiratory Diseases (including Bronchitis, Pneumonia (all forms), Pleurisy, Laryngitis, etc.)

Year.	Total Deaths.	Death-rate per 100,000
1946	210	124.1
1947	246	136.1
1948	196	107.8
1949	219	121.1
1950	185	103.1
1951	263	147.6
1952	181	101.8
1953	164	92.6
1954	179	101.3
1955	212	119.1

TABLE XIX.

Deaths in which Influenza was given as a cause of Death Each Months, January, 1946, to December, 1955

Months.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.
January	10	1	2	1	1	16	0	1	0	2
February	8	1	1	12	1	6	0	1	0	0
March	1	0	1	1	1	1	6	2	0	4
April	0	0	0	0	1	0	9	0	0	2
May	0	1	0	0	1	0	2	0	0	1
June	0	0	0	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	1	0
September	0	0	0	0	0	1	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0
November	1	0	3	0	0	1	0	0	1	0
December	0	4	2	1	0	0	0	3	0	1
	20	7	9	15	5	25	17	7	2	10

TABLE XX.

Deaths in which Influenza appeared as a cause in Death Certificate, 1946-55, Classified in Age Periods

Age Periods.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.
Under 1 year	0	1	0	0	0	1	0	0	0	0
1—5 years	1	0	1	0	1	0	0	0	0	0
5—15 years	1	0	0	0	0	0	0	0	0	0
15—25 years	0	0	0	0	0	2	0	1	0	0
25—45 years	3	0	1	1	1	1	2	1	0	0
45—65 years	4	1	0	3	0	8	6	0	1	1
65 and upwards	11	5	7	11	3	13	9	5	1	9
	20	7	9	15	5	25	17	7	2	10

TABLE XXI.

INFECTIOUS DISEASES.—Number of Cases of each disease notified and accepted in Dundee during the year 1955

Also Number Removed and Number Not Removed to Hospital

		All Ages	Under 1 Year	1-5 Years	5-15 Years	15-25 Years	25-35 Years	35-45 Years	45-65 Years	65 plus	Cases Removed to Hospital	Cases Not Removed to Hospital
Cerebro-Spinal Fever	M	10	1	5	3	1	—	—	—	—	10	—
	F	12	2	5	1	3	—	—	1	—	11	1
Chickenpox	M	189	1	19	161	3	3	1	1	—	—	169
	F	186	4	13	169	—	—	—	—	—	11	175
Cholera	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Dysentery	M	534	49	295	124	12	16	5	17	16	461	73
	F	492	47	230	76	31	54	20	19	15	386	106
Encephalitis Lethargica	M	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	1	—	—	—	—	—	—	1	—
Erysipelas	M	24	—	—	—	1	2	5	14	2	6	18
	F	41	—	—	3	1	3	6	19	9	15	26
Jaundice, Acute Infective	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Leprosy	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Malaria	M	2	—	—	—	1	—	1	—	—	1	1
	F	—	—	—	—	—	—	—	—	—	—	—
Measles	M	60	4	24	31	1	—	—	—	—	15	45
	F	47	3	16	28	—	—	—	—	—	13	34
Ophthalmia Neonatorum	M	108	108	—	—	—	—	—	—	—	—	108
	F	77	77	—	—	—	—	—	—	—	—	77
Plague	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	M	7	—	—	2	—	—	1	2	2	1	6
	F	17	—	—	—	1	2	—	8	6	—	17
Pneumonia, Acute Primary	M	137	18	56	23	2	7	5	18	8	54	83
	F	135	22	40	19	7	11	4	20	12	62	73
Pneumonia (not otherwise notifiable)	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, Acute	M	8	1	4	2	1	—	—	—	—	8	—
	F	5	—	5	—	—	—	—	—	—	5	—
Puerperal Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	M	—	—	—	—	—	—	—	—	—	—	—
	F	12	—	—	—	3	5	4	—	—	3	9
Scarlet Fever	M	136	1	57	74	2	—	—	2	—	75	61
	F	89	1	31	55	2	—	—	—	—	51	38
Smallpox	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B	M	1	—	—	—	—	—	1	—	—	1	—
	F	4	—	—	—	1	1	—	1	1	4	—
Typhus Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	M	106	13	53	40	—	—	—	—	—	14	92
	F	129	15	67	46	—	1	—	—	—	29	100
Croup	M	6	—	6	—	—	—	—	—	—	6	—
	F	5	1	4	—	—	—	—	—	—	5	—
Food Poisoning	M	21	2	5	3	3	4	2	—	2	4	17
	F	14	—	3	2	1	4	1	2	1	1	13
TOTAL	M	1349	198	524	463	27	32	21	54	30	676	673
	F	1266	172	415	399	50	81	35	70	44	597	669

TABLE XXII.

Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1955

Disease.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.	Accepted Total
Cerebro-Spinal Fever	5	2	5	3	6	4	5	9	8	4	3	8	62	22
Chickenpox	5	9	19	5	14	31	8	6	23	14	106	134	374	375
Continued Fever (undulant)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Croup	2	1	3	—	—	3	1	—	1	2	1	—	14	11
Diphtheria	—	2	—	1	1	2	—	1	—	—	1	—	8	—
Dysentery	198	182	191	144	183	86	49	43	69	51	35	20	1251	1026
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Erysipelas	2	5	2	5	3	5	2	1	7	13	11	13	69	65
Food Poisoning	—	—	8	3	2	3	3	1	4	7	2	—	33	35
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	1	—	—	1	1	3	2
Measles	50	14	8	2	3	10	3	1	2	—	6	4	103	107
Ophthalmia Neonatorum	13	7	10	19	16	16	14	11	15	23	22	13	179	185
Pneumonia, Acute Influenzal	6	5	7	4	—	1	—	—	—	1	—	—	24	24
Pneumonia, Acute Primary	34	31	55	19	20	17	18	10	15	7	20	16	262	272
Poliomyelitis, Acute	—	—	—	—	—	2	1	1	1	2	3	4	14	13
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	1	1	—	1	—	1	—	1	2	2	2	12	12
Scarlet Fever	12	14	20	7	17	18	20	8	12	36	48	36	248	225
Paratyphoid B	1	—	—	1	—	—	—	3	—	—	—	—	5	5
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	30	22	32	33	30	21	9	7	7	9	18	14	232	235
	359	295	361	246	296	219	134	103	165	171	279	265	2893	2615

TABLE XXIII.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population at Various Age Periods Each Year since 1946

	PULMONARY TUBERCULOSIS												NON-PULMONARY TUBERCULOSIS											
	0-5		5-15		15-25		25-45		45-65		65 & over		0-5		5-15		15-25		25-45		45-65		65 & over	
	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000	No.	Per 1,000
1946 Notifications,	6	.43	15	.54	92	4.03	112	2.19	36	.95	9	.57	17	1.22	16	.58	9	.39	4	.08	3	.08	2	.13
Deaths, —	4	.29	3	.11	25	1.10	51	1.00	29	.77	6	.38	8	.58	13	.47	4	.18	1	.02	2	.06	1	.06
1947 Notifications,	30	2.02	29	.98	107	4.37	122	2.23	57	1.41	14	.83	15	1.01	29	.98	18	.73	7	.13	7	.17	1	.06
Deaths, —	6	.41	4	.16	30	1.22	59	1.08	35	.87	15	.88	7	.47	4	.16	5	.21	—	—	4	.09	—	—
1948 Notifications,	21	1.41	36	1.21	107	4.34	111	2.03	61	1.49	17	.94	11	.74	20	.67	15	.61	9	.16	2	.05	2	.12
Deaths, ...	3	.10	1	.03	28	1.15	46	.84	34	.83	6	.35	3	.20	—	—	5	.20	3	.05	—	—	1	.06
1949 Notifications,	23	1.55	45	1.51	138	5.65	136	2.47	50	1.25	22	1.31	16	1.08	9	.30	6	.20	5	.09	3	.07	3	.18
Deaths, —	1	.07	2	.07	24	.98	62	1.13	34	.85	13	.77	5	.34	3	.10	2	.08	3	.06	1	.02	1	.06
1950 Notifications,	22	1.50	19	.65	217	9.01	160	2.91	78	1.96	15	.89	12	.82	8	.27	13	.54	8	.15	3	.08	1	.06
Deaths, —	1	.07	—	—	16	.66	43	.80	30	.75	14	.84	2	.14	—	—	—	—	3	.06	1	.03	1	.06
1951 Notifications,	14	.96	24	.82	107	4.44	118	2.19	57	1.43	11	.60	8	.55	5	.17	18	.75	11	.20	4	.10	—	—
Deaths,	2	.14	—	—	11	.46	23	.43	27	.68	8	.48	—	—	1	.03	—	—	3	.06	2	.05	1	.06
1952 Notifications,	22	1.30	31	1.19	86	3.43	91	1.81	36	.88	12	.66	7	.41	11	.42	15	.60	13	.26	5	.12	2	.11
Deaths,	2	.12	—	—	3	.12	12	.24	16	.39	7	.38	2	.12	—	—	—	—	1	.02	—	—	1	.06
1953 Notifications,	12	.71	28	1.08	81	3.24	91	1.81	61	1.50	17	.92	4	.24	10	.38	10	.40	7	.14	2	.05	2	.11
Deaths —	2	.12	2	.08	3	.12	11	.22	6	.14	6	.33	—	—	—	—	1	.04	1	.02	2	.05	1	.05
1954 Notifications,	10	.60	30	1.15	87	3.49	104	2.08	55	1.35	16	.87	2	.12	5	.19	6	.24	9	.18	1	.02	1	.05
Deaths, —	1	.06	—	—	—	—	12	.24	12	.29	9	.49	—	—	—	—	—	—	1	.02	—	—	1	.05
1955 Notifications,	18	1.07	29	1.11	80	3.19	100	1.99	47	1.15	13	.70	3	.18	12	.46	7	.28	6	.12	1	.02	3	.16
Deaths, —	—	—	—	—	3	.12	5	.10	12	.30	7	.38	—	—	1	.04	1	.04	3	.06	—	—	—	—

TABLE XXIV.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population for Each Year since 1946.

		Notification and Case Rate						Deaths and Death-Rates					
	Estimated Population.	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Tuberculosis (all forms)		Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Tuberculosis (all forms)	
		No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000
1946	169,197	270	1.60	51	.30	321	1.90	118	.70	29	.17	147	.87
1947	180,730	359	1.98	77	.43	436	2.41	149	.82	20	.12	169	.94
1948	181,805	358	1.96	59	.32	417	2.29	118	.65	12	.07	130	.72
1949	180,786	414	2.29	42	.23	456	2.52	136	.75	15	.09	151	.84
1950	178,349	511	2.87	45	.25	556	3.12	104	.58	7	.04	111	.62
1951	178,220	331	1.86	46	.26	377	2.12	71	.40	8	.04	79	.44
1952	177,868	278	1.56	53	.30	331	1.86	40	.22	4	.03	44	.25
1953	177,174	290	1.64	35	.20	325	1.84	30	.17	5	.03	35	.20
1954	176,784	302	1.71	24	.14	326	1.85	34	.19	2	.01	36	.20
1955	177,944	287	1.61	32	.18	319	1.79	27	.15	5	.03	32	.18

TABLE XXV.

PULMONARY TUBERCULOSIS—Notifications and Deaths with corresponding rates per 1,000 population for each sex Each Year since 1946

	Notifications.				Deaths			
	Males		Females		Males		Females	
Year	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000
1946	146	—	124	—	54	—	64	—
1947	194	—	165	—	74	—	75	—
1948	182	—	176	—	67	—	51	—
1949	195	—	219	—	79	—	57	—
1950	219	—	195	—	58	—	46	—
1951	168	—	163	—	45	—	26	—
1952	145	1.78	133	1.38	29	.36	15	.16
1953	150	1.85	140	1.46	15	.19	15	.16
1954	154	1.90	148	1.54	21	.26	13	.14
1955	149	1.83	138	1.43	15	.18	12	.12

TABLE XXVI.

PULMONARY TUBERCULOSIS—Deaths in Institutions Each Year since 1946

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Total Deaths from Pul. Tuberculosis	118	149	118	136	104	79	40	30	34	27
No. of Deaths from Pul. Tuberculosis in Institutions	44	78	48	49	52	49	23	18	17	11
Percentage of Total Deaths from Pul. Tuberculosis dying in Institutions	37.3	52.3	40.7	36.0	50.0	62.0	57.5	60.0	50.0	40.7

TABLE XXVII.

MALIGNANT DISEASES—Number of Deaths and Death-rates per 10,000 population Each Year since 1946

Year	Males	Females	Total	Rates
1946	145	188	333	19.68
1947	168	160	328	18.15
1948	175	201	376	20.68
1949	188	196	384	21.24
1950	227	221	448	25.12
1951	186	223	409	22.95
1952	213	207	420	23.61
1953	219	198	417	23.54
1954	226	231	457	25.85
1955	212	226	438	24.62

TABLE XXVIII.

Age and Sex Distribution of Deaths from Malignant Diseases during 1955 showing parts of the body affected

MALES

Location	All Ages	0-5	5-15	15-25	25-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-85	85 & Over
All Sites	212	1	1	1	1	2	2	10	26	26	33	23	37	25	20	4
Lip	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mouth, Palate	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Tongue	4	—	—	—	—	—	—	—	1	—	—	—	—	3	—	—
Jaw, Maxilla, Antrum	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Salivary Glands, Parotid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tonsils	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Pharynx, Fauces	5	—	—	—	—	—	—	—	—	—	2	—	1	—	1	1
Nasopharynx, Nose, Internal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cheek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Buccal Cavity, etc. Total	12	—	—	—	—	—	—	—	1	—	2	—	3	4	1	1
Oesophagus, Gullet	13	—	—	—	—	—	—	1	—	—	2	3	4	3	—	—
Stomach, Pylorus	30	—	—	—	—	1	—	4	4	4	6	3	5	1	2	—
Intestine	19	—	—	—	—	—	—	—	3	2	2	—	2	5	3	2
Abdomen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rectum	14	—	—	—	1	—	—	1	1	2	1	—	4	2	2	—
Liver, Gall Bladder	3	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—
Pancreas	7	—	—	—	—	—	—	—	1	2	2	—	1	1	—	—
Peritoneum, Omentum, Mesentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Digestive Organs, etc. Total	86	—	—	—	1	1	—	6	9	10	13	8	17	12	7	2
Larynx	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Lung, Bronchus, Pleura	70	—	—	—	—	—	—	4	13	10	14	9	11	3	6	—
Mediastinum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Organs Total	72	—	—	—	—	—	—	4	14	11	14	9	11	3	6	-
Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prostate	12	—	—	—	—	—	—	—	—	—	1	1	3	3	3	1
Testis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Penis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Scrotum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Male Genital Organs Total	14	—	—	—	—	—	—	—	—	—	1	1	3	3	5	1
Kidney	2	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Bladder, Urethra	5	—	—	—	—	—	—	—	—	1	—	1	2	1	—	—
Urinary Organs Total	7	—	—	—	—	—	—	—	—	1	1	2	2	1	—	—
Anus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ear	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Nose (external)	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Scalp, face (rodent ulcer)	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Skin	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Skin Total	4	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—
Brain	1		1		—	—	—	—	—	—	—				—	—
Spinal Cord	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brain and Nervous System Total	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Adrenals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arm, leg	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bones	1	—	—	—	—	1	—	—	—	—	—		—	—	—	—
Eye	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lymphatic	7	1	—	1	—	—	1	—	1	2	—	—	—	1	—	—
Pelvis	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Rib, Sternum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spleen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Thorax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Throat	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Thyroid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Others	4	—	—	—	—	—	—	—	—	—	1	2	—	—	1	—
Not Stated	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Other or Unspecified Organs Total	16	1	—	1	—	1	2	—	2	4	1	2	—	1	1	—

FEMALES

Location	All Ages	0-5	5-15	15-25	25-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-85	85 & Over
All Sites	226	—	1	1	7	4	8	9	14	22	26	27	39	33	21	14
Lip	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mouth, Palate	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Tongue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaw, Maxilla, Antrum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Salivary Glands, Parotid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tonsils	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pharynx, Fauces	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Nasopharynx, Nose, Internal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cheek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Buccal Cavity, etc. Total	3	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—
Oesophagus, Gullet	9	—	—	—	—	—	—	—	—	—	—	2	3	2	2	—
Stomach, Pylorus	42	—	—	—	2	—	1	3	—	1	5	4	12	6	2	6
Intestine	33	—	—	—	1	—	2	1	—	4	5	5	3	7	3	2
Abdomen	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Rectum	8	—	—	—	—	—	—	—	1	2	—	2	1	2	—	—
Liver, Gall Bladder	6	—	1	—	—	—	—	—	1	—	—	—	1	1	1	1
Pancreas	6	—	—	—	—	—	—	—	—	2	2	—	2	—	—	—
Peritoneum, Omentum, Mesentery	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Digestive Organs, etc. Total	106	—	1	—	3	—	3	4	2	9	12	14	23	18	8	8
Larynx	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Lung, Bronchus, Pleura	14	—	—	1	—	—	1	—	2	—	—	4	2	—	3	1
Mediastinum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Organs Total	15	—	—	1	—	—	1	—	2	—	1	4	2	—	3	1
Cervix	13	—	—	—	—	2	—	1	3	3	3	—	—	—	—	1
Uterus, other or unspecified	13	—	—	—	—	—	—	—	—	—	2	2	3	4	1	1
Uterus Total	26	—	—	—	—	2	—	1	3	3	5	2	3	4	1	2
Ovary, Fallopian Tube	11	—	—	—	—	—	1	1	2	4	—	1	—	2	—	—
Vagina, Vulva	2	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Other Female Genital Organs Total	13	—	—	—	—	—	1	1	2	4	1	1	—	2	1	—
Breast	31	—	—	—	2	1	1	2	3	5	2	2	7	2	3	1
Kidney	4	—	—	—	1	—	—	—	—	—	—	—	1	2	—	—
Bladder, Urethra	10	—	—	—	—	—	—	—	1	—	1	3	—	3	2	—
Urinary Organs Total	14	—	—	—	1	—	—	—	1	—	1	3	1	5	2	—
Anus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ear	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Nose (External)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scalp, face (rodent ulcer)	3	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1
Skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin Total	4	—	—	—	—	—	1	—	—	—	—	—	1	1	—	1
Brain	4	—	—	—	—	—	1	1	1	—	1	—	—	—	—	—
Spinal Cord	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brain and Nervous System Total	4	—		—	—	—	1	1	1	—	1	—	—	—	—	—
Adrenals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arm, Leg	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bones	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eye	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lymphatic	6	—	—	—	1	1	—	—	—	—	1	—	1	—	2	—
Pelvis	2	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—
Rib, Sternum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spleen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Thorax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Thyroid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Others	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—
Not Stated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other or Unspecified Organs Total	10	—	—	—	1	1	—	—	—	1	2	1	1	1	2	—

TABLE XXIX.

Number of Births per 1,000 population, Illegitimate Births per 100 Registered Births, and Marriages per 1,000 population Each Year since 1946

Year	Birth-rate	Illegitimate-rate	Marriage rate
1946	22.3	7.1	10.5
1947	23.1	6.6	10.0
1948	19.8	5.9	9.5
1949	18.7	6.9	8.7
1950	17.8	6.6	8.9
1951	17.6	6.7	8.9
1952	17.7	6.5	9.4
1953	17.9	5.7	9.0
1954	18.1	6.3	9.1
1955	17.5	5.9	9.1

TABLE XXX.

FACTORIES ACT, 1937 and 1948

Report of the Medical Officer of Health in respect of the Year 1955

Part I. of the Act

(1) INSPECTIONS for purposes of provisions as to health (including visits made by Sanitary Inspectors).

Premises (1)	M/C Line No. (2)	Number on Register (3)	Inspections (4)	Number of Written Notices (5)	Occupiers Prosecuted (6)	M/C Line No. (7)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	796	1,793	6	—	1
(ii) Factories not included in (1) in which Section (7) is enforced by the Local Authorities	2	488	730	—	—	2
(iii) Other premises in which Section (7) is enforced by the Local Authority (excluding outworkers' premises)	3	—	—	—	—	3
Total		1,284	2,523	6	—	

(2) CASES in which defects were found.

Particulars	M/C Line No.	Number of cases in which defects were found: Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	No. of cases in which Prosecutions were instituted	M/C Line No.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of cleanliness (S.1.)	4	267	267	—	—	—	4
Overcrowding (S.2.)	5	—	—	—	—	—	5
Unreasonable temperature (S.3.)	6	—	—	—	—	—	6
Inadequate ventilation (S.4.)	7	1	—	—	1	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7.)—							
(a) Insufficient	9	1	—	—	1	—	9
(b) Unsuitable or defective	10	19	15	—	19	—	10
(c) Not separate for sexes	11	1	1	—	1	—	11
Other offences against the Act (not including offences relating to outwork)	12	—	—	—	—	—	12
Total	60	289	283	—	22	—	60

MATERNITY AND CHILD WELFARE SERVICES

REPORT by Dr ANNIE A. FULTON

Registration of Births

The number of live births registered in Dundee during 1955 was 3,693. After allowing for outward and inward transfers (616 outward and 30 inward) the corrected number was 3,107 (1,593 males and 1,514 females). This represents a live birth rate of 17.5 per 1,000 of the population compared with 18.1 in 1954 and 17.9 in 1953.

The number of illegitimate live births registered in the city was 270 and after allowing for transfers (102 outward and 14 inward) the corrected number was 182 (93 males and 89 females) which is equivalent to an illegitimate rate of 5.9% of all live births compared with 6.3% in 1954 and 5.7% in 1953.

There were 93 still births registered in the city during the year and after correction for transfers (18 outward) there were 75 (45 males and 30 females). The stillbirth rate for the year was 24 per 1,000 live and still births.

	Live Birth Rate (per 1,000 population)		Illegitimate Rate (per 100 live births)		Stillbirth Rate (per 1,000 tot. births)	
Year	Dundee	Scotland	Dundee	Scotland	Dundee	Scotland
1947	23.1	22.0	6.6	5.6	25	31
1948	19.8	19.4	5.9	5.8	29	29
1949	18.7	18.5	6.9	5.5	28	27
1950	17.8	17.9	6.6	5.2	31	27
1951	17.6	17.7	6.7	5.1	25	27
1952	17.7	17.7	6.5	4.8	24	26
1953	17.9	17.8	5.7	4.7	25	25
1954	18.1	18.0	6.3	4.5	28	25
1955	17.5	18.0	5.9	4.3	24	25

Notification of Births

Under the Notification of Births Acts, 3,715 live births and 93 stillbirths were notified; six live births were unnotified. Of the 3,814 total births 292 live births and 55 stillbirths were notified as premature and 274 live births and 5 stillbirths were illegitimate.

Number of births occurring in the area*

No. of Live Births:—				
Notified		3,715		
Unnotified		6		
			3,721	
No. of Still Births:—				
Notified		93		
Unnotified		0		
			93	
Total No. of Births			3,814	
No. Premature	Live		292	
	Still		55	
				347 (9.10% of total births)
No. Illegitimate	Live		274	
	Still		5	
				279 (7.32% of total births)

* The number of births occurring in the area during the year is not the same as the number registered during the year owing to the period of 21 days allowed for registration. The figures include children born in institutions whose parents normally live outwith the city.

Classification of Births according to Nature of Attendance at Confinement

Domiciliary Cases—	Notified.	Unnotified.	Total.	Percentage of Births.
Doctor and/or Midwife	437	1	438	11.48
Royal Infirmary (outdoor)	50	0	50	1.31
Unattended	0	1	1	0.03
	487 (99.6%)	2 (0.4%)	489	12.82
Institutional Cases—				
Royal Infirmary (indoor)	1,407	3	1,410	36.97
Maryfield Hospital	1,483	1	1,484	38.91
Clement Park	232	0	232	6.08
Other nursing homes	199	0	199	5.22
	3,321 (99.9%)	4 (0.1%)	3,325	87.18
	3,808 (99.8%)	6 (0.2%)	3,814	100.00

Year	Total Births.	Percentage Notified.	Institutional Confinements No.	Institutional Confinements Percentage.	Domiciliary Confinements No.	Domiciliary Confinements Percentage.
1947	4,809	98.9	3,984	82.9	825	17.1
1948	4,207	98.9	3,527	83.8	680	16.2
1949	3,971	99.1	3,389	85.3	582	14.7
1950	3,782	99.3	3,212	84.9	570	15.1
1951	3,707	99.7	3,154	85.1	553	14.9
1952	3,699	99.7	3,230	87.3	469	12.7
1953	3,847	99.7	3,347	87.0	500	13.0
1954	3,851	99.8	3,337	86.7	514	13.4
1955	3,814	99.8	3,325	87.2	489	12.8

The number of institutional births showed a very slight decrease from 3,337 in 1954 to 3,325 in 1955 but the proportion of hospital confinements in relation to the total number of births has increased slightly from 86.7% to 87.2%.

There was an increase in the number of births in the Royal Infirmary from 1,344 to 1,410 and a slight decrease in the number of births in Maryfield Hospital from 1,531 to 1,484. The number of births in nursing homes decreased from 462 to 431 (in Clement Park from 241 to 232 and in other nursing homes from 221 to 199). This information is detailed in the following table :—

Classification of Births according to place of confinement

	1951	1952	1953	1954	1955
Domiciliary cases.					
Doctor and/or Midwife	257 (6.9%)	216 (5.8%)	242 (6.3%)	311 (8.1%)	438 (11.5%)
Royal Infirmary (outdoor)	296 (8.0%)	253 (6.8%)	254 (6.6%)	202 (5.2%)	50 (1.3%)
Unattended	0 (0.0%)	0 (0.0%)	4 (0.1%)	1 (0.03%)	1 (0.03%)
Institutional cases.					
Royal Infirmary (indoor)	1,301 (35.1%)	1,305 (35.3%)	1,329 (34.5%)	1,344 (34.9%)	1,410 (37.0%)
Maryfield Hospital	1,269 (34.2%)	1,383 (37.4%)	1,483 (38.5%)	1,531 (39.8%)	1,484 (38.9%)
Clement Park	259 (7.0%)	251 (6.8%)	286 (7.4%)	241 (6.3%)	232 (6.1%)
Other Nursing Homes	325 (8.8%)	290 (7.8%)	248 (6.4%)	221 (5.7%)	199 (5.2%)
King's Cross Hospital	0 (0.0%)	1 (0.03%)	1 (0.03%)	0 (0.0%)	0 (0.0%)
	3,707	3,699	3,847	3,851	3,814

Classification of Dundee Births according to place of confinement.

An analysis follows of the births relating to Dundee women, i.e. excluding those who live outwith the city and whose confinements have taken place in Dundee institutions and also excluding Dundee women who have been confined elsewhere:—

	1951	1952	1953	1954	1955
Domiciliary cases.					
Doctor and/or Midwife	254 (7.7%)	215 (6.6%)	241 (7.4%)	310 (9.6%)	436 (13.8%)
Royal Infirmary (outdoor)	296 (9.1%)	253 (7.8%)	250 (7.6%)	201 (6.2%)	50 (1.6%)
Unattended	0 (0.0%)	0 (0.0%)	4 (0.1%)	1 (0.03%)	1 (0.03%)
Institutional cases.					
Royal Infirmary (indoor)	1,124 (34.2%)	1,126 (34.8%)	1,123 (34.3%)	1,107 (34.3%)	1,107 (35.0%)
Maryfield Hospital	1,186 (36.1%)	1,268 (39.2%)	1,360 (41.6%)	1,371 (42.5%)	1,327 (41.9%)
Clement Park	426 (13.0%)	375 (11.6%)	293 (9.0%)	86 (2.7%)	100 (3.2%)
Other nursing homes				150 (4.6%)	146 (4.6%)
	3,286	3,237	3,271	3,226	3,167

Midwifery Service

The Local Authority have statutory obligations under Section 23 of the National Health Service (Scotland) Act, 1947 with regard to domiciliary midwifery. During the year home confinements were carried out by seven full-time municipal midwives and by two private practising midwives on a fee per case basis; in addition the outdoor staff of the Dundee Royal Infirmary conducted home confinements for the first five months of the year until the Local Authority had sufficient staff to undertake all domiciliary cases.

During the year 417 women applied to the local authority for the services of a midwife and in all cases a doctor was also engaged.

Month of pregnancy at time of booking.									Emergency cases*	Total.
1	2	3	4	5	6	7	8	9		
0	0	25	57	83	93	79	45	19	16	417

* Booked after commencement of labour.

Of the 417 women 165 (39.6%) applied to the local authority before the sixth month of pregnancy and 93 (22.3%) during the sixth month; only two-fifths of the women booked before the sixth month and only three-fifths before the beginning of the seventh month. It is most disquieting and discouraging to note that more than one-third of pregnant women wishing to have a home confinement postponed making arrangements until the last weeks of pregnancy.

Bookings for Domiciliary Midwifery Service.

	Before 6th month.	During 6th month.	After 6th month.	Total.
1948	6 (5.4%)	19 (17.0%)	87 (77.7%)	112
1949	111 (50.9%)	49 (22.5%)	58 (26.6%)	218
1950	125 (56.6%)	50 (22.6%)	46 (20.8%)	221
1951	130 (54.2%)	52 (21.7%)	58 (24.2%)	240
1952	100 (51.8%)	53 (27.5%)	40 (20.7%)	193
1953	135 (57.9%)	59 (25.3%)	39 (16.7%)	233
1954	155 (51.5%)	79 (26.2%)	67 (22.3%)	301
1955	165 (39.6%)	93 (22.3%)	159 (38.1%)	417

Analysis of Domiciliary Confinements showing attendance at birth

(1) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947:—		
(a) doctor engaged and present at confinement	106	
(b) doctor engaged but not present at confinement	317*	
(c) midwife alone (no doctor engaged)	0	
(2) Other domiciliary cases:—		
(a) doctor engaged	7	
(b) midwife alone (no doctor engaged)	0	
(c) conducted by outdoor staff of institution	55†	(includes 1 case booked under (1)).
(d) unattended	1	
	486	(489 births).

* — includes 7 cases where the woman was booked for hospital confinement and was removed to hospital immediately after delivery.

† — includes 5 cases where the woman was booked for hospital confinement and was removed to hospital immediately after delivery.

Nature of attendance at Scheme Confinements.

	Municipal midwives.	Private practising midwives.	Total.	
(a) doctor engaged and present at confinement	86	20	106	
(b) doctor engaged but not present at confinement	242	68	310	
(c) no doctor engaged	0	0	0	
	328	88	416	(419 births)

Analgesics in Scheme Cases

Gas and Air

All the municipal midwives are qualified to administer gas and air analgesia and the Local Authority has two sets of gas and air apparatus in use. During the year 111 women received gas and air analgesia administered by the municipal midwives compared with 26 women in 1954.

	No. of women receiving gas and air.	
	1954	1955
Doctor present at delivery	4	33
Doctor not present at delivery	22	78
	26	111

Pethidine

Pethidine was given by the municipal midwives in 184 cases and by private practising midwives in 48 cases, i.e. 232 cases compared with 191 cases in 1954.

	No. of women receiving pethidine.					
	1954			1955		
	Municipal midwives	Private practising midwives	Total	Municipal midwives	Private practising midwives	Total
Doctor present at delivery	23	25	48	57	11	68
Doctor not present at delivery	84	59	143	127	37	164
	107	84	191	184	48	232

Trilene

During the year the Rules of the Central Midwives Board were amended to enable midwives in Scotland to be trained in the use of and to use trilene for the purpose of producing analgesia during labour. Training institutions were asked by the Department of Health to take the necessary steps to provide training facilities at the request of Local Authorities and towards the end of the year arrangements were therefore made in Dundee with the Eastern Regional Hospital Board for the municipal midwives to be trained at the Royal Infirmary whenever the necessary apparatus became available.

5,407 ante-natal visits and 7,275 post-natal visits were paid by the midwives employed by the Local Authority as follows:—

	1954			1955		
	Municipal midwives	Private practising midwives	Total	Municipal midwives	Private practising midwives	Total
Ante-natal visits	2,051	1,508	3,559	4,710	697	5,407
No. of births attended	178	126	304	330	89	419
Post-natal visits	3,205	2,215	5,420	5,729	1,546	7,275
	5,434	3,849	9,283	10,769	2,332	13,101

Medical Assistance

Although a doctor was engaged for every booked case midwives called in medical assistance for 287 patients as follows:—

In ante-natal period	142
During labour	73
In puerperium—	
For mother	108
For child	123
	446

Stillbirths

As already stated the stillbirth rate was 24 (compared with 28 in 1954 and 25 in 1953); this equals the rate for 1952 which was the lowest previously recorded in the city. 75 infants (45 males and 30 females) were stillborn and of these 5 (6.7%) were illegitimate and 45 (60%) were premature. During 1955 70 (2.6%) infants born in institutions and 5 (1.0%) infants born at home were stillborn.

Comparison of Dundee Still Birth Rates with other Still Birth Rates in Scotland

	1950	1951	1952	1953	1954	1955
Scotland	27	27	26	25	25	25
Glasgow	29	28	27	27	29	27
Edinburgh	24	27	27	22	21	24
Aberdeen	22	21	18	20	19	12
Dundee	31	25	24	25	28	24

Causes of Pre-natal Death.

1. **Causes in mother.**	Males.	Females.	Total.	
Eclampsia and pre-eclampsia	3(3)	6(5)	9(8)	
Accidental haemorrhage and and other ante-partum haemorrhages	5(2)	5(3)	10(5)	
Placental insufficiency	4(2)	2(2)	6(4)	
Diabetes mellitus	1(1)	1	2(1)	
Specific disease	1	0	1	
Deformity of pelvis (rachitic)	1	0	1	
				29(18)
2. **Difficulties in labour.**				
Cerebral haemorrhage	3(1)	2*	5(1)	
Injury due to precipitate labour	1(1)	0	1(1)	
Prolapse or compression of cord	3	2(2)	5(2)	
				11(4)

3. **Foetal anomalies and deformities.**

Encephalocele	1(1)*	0	1(1)	
Anencephalus	1(1)	4(4)	5(5)	
Hydrocephalus	1	0	1	
Multiple congenital abnormalities	4(4)†	3(2)	7(6)	
Erythroblastosis	1	0	1	
			——	15(12)

4. **Ill defined or unknown cause.**

Prematurity	1(1)	0	1(1)	
Asphyxia	11(4)	2(1)	13(5)	
Macerated foetus	1(1)	2(1)	3(2)	
Cause unknown	2(2)*	1(1)	3(3)	
			——	20(11)
				75(45)

Figures in brackets denote the number of premature births.

* Includes one case associated with multiple pregnancy.

† Includes two cases associated with multiple pregnancy.

Analysis of Stillbirths according to Legitimacy, Prematurity, Place of Delivery, Age and Parity of mother, etc.

Legitimacy.

Sex.	Legitimate.	Illegitimate.	Total.
Males	42 (93.3%)	3 (6.7%)	45
Females	28 (93.3%)	2 (6.7%)	30
	70 (93.3%)	5 (6.7%)	75

Prematurity.

Sex	Full-time.	Premature.	Total.
Males	21 (46.7%)	24 (53.3%)	45
Females	9 (30.0%)	21 (70.0%)	30
	30 (40.0%)	45 (60.0%)	75

Place of Delivery.

Sex.	Institution.	At Home.	Total.
Males	43 (95.6%)	2 (4.4%)	45
Females	27 (90.0%)	3 (10.0%)	30
	70 (93.3%)	5 (6.7%)	75

Place of Delivery.	Number of notified Dundee births.	Number of Dundee stillbirths.	Rate per 1,000 births.
Institutional—			
Royal Infirmary (indoor)	1,107	33	29.8
Maryfield Hospital	1,327	37	27.9
Nursing Homes	246	0	0.0
Domiciliary—			
Royal Infirmary (outdoor)	50	1	20.0
Midwife and/or Doctor	436	4	9.2
Unattended	1	0	0.0
	3,167	75	23.7

Age of Mother.

	15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 yrs. & over.	Total.
Males	2(2)	7(4)	7(3)	12(6)	9(3)	8(6)	45(24)
Females	1(1)	9(6)	8(6)	7(6)	3(1)	2(1)	30(21)
	3(3)	16(10)	15(9)	19(12)	12(4)	10(7)	75(45)

The figures in brackets show the number of premature deliveries.

Parity of Mother.

	1	2	3	4	5	6	7	8	9	10	Total.
Males —	11(5)	10(7)	11(4)	5(5)	2(1)	1	0	4(2)	1	0	45(24)
Females —	12(9)	4(2)	6(3)	2(2)	1	4(4)	0	0	0	1(1)	30(21)
	23(14)	14(9)	17(7)	7(7)	3(1)	5(4)	0	4(2)	1	1(1)	75(45)

The figures in brackets show the number of premature deliveries.

Employment of Mother during Pregnancy.

Employed.	Not employed apart from home duties.	Total.
32	43	75

Type of and Duration of Employment of Mother during Pregnancy.

Type of Employment.	Duration of Employment in Months.									
	1	2	3	4	5	6	7	8	9	Total.
Jute and allied trades — —	1(1)	-	6(2)	-	4(4)	1	3(2)	-	-	15(9)
Workers in light industries —	1	-	-	1(1)	1	3(1)	1	-	-	7(2)
Shop assistants — — —	-	-	-	-	1(1)	1(1)	2(1)	-	-	4(3)
Clerkesses — — — —	-	-	-	1	-	-	-	-	-	1
Domestic workers, cinema usherettes ... — — — —	1(1)	-	-	-	-	1	-	-	-	2(1)
Nursery school helpers — —	-	-	-	-	-	-	1	-	-	1
Hawkers — — — — —	-	-	-	-	-	-	-	-	1	1
N.A.A.F.I. workers — — —	-	1	-	-	-	-	-	-	-	1
	3(2)	1	6(2)	2(1)	6(5)	6(2)	7(3)	-	1	32(15)

The figures in brackets show the number of premature deliveries.

Type of ante-natal care.

	No. of stillbirths
At Hospital or Local Authority clinic	54 (72.0%)
By Doctor and/or Midwife	17 (22.7%)
No ante-natal care or unknown	4 (5.3%)
Total	75

A high proportion of the stillbirths were delivered by women attending hospital and local authority clinics but most of these women were booked for institutional confinement. It should be noted, however, that the percentage of institutional confinements for the city was as high as 84.6.

Infant Mortality

During 1955 there were 111 registered infant deaths (60 males and 51 females) and the infant mortality per 1,000 live births was 36 compared with 33 in the previous year. Of the total deaths male infants were responsible for 54.1%.

The Infant Mortality Rates for the years 1950-1955 are given in the following table.

Year.	Neo-natal rate.	Rate from 4 wks. - 12 mths.	Total.
1950	29	21	50
1951	25	15	41
1952	20	11	31
1953	20	12	32
1954	23	10	33
1955	21	15	36

Comparison of Infant Mortality Rates with National Rates and with other Scottish Cities.

Table I.

Year	Infant Mortality Rate		Stillbirth Rate		Infant Mortality Rate plus stillbirth Rate	
	Scotland	Dundee	Scotland	Dundee	Scotland	Dundee
1946	54	47	32	34	86	81
1947	56	70	31	25	87	95
1948	45	47	29	29	74	76
1949	41	44	27	28	68	72
1950	39	50	27	31	66	81
1951	37	41	27	25	64	66
1952	35	31	26	24	61	55
1953	31	32	25	25	56	57
1954	31	33	25	28	56	61
1955	30	36	25	24	55	60

Table II.

Year.	England and Wales.	Scotland.	Glasgow.	Edinburgh.	Aberdeen.	Dundee.
1950 ...	30	39	44	29	29	50
1951 ...	30	37	46	27	27	41
1952 ...	28	35	41	29	30	31
1953 ...	27	31	36	24	27	32
1954 ...	26	31	35	25	22	33
1955 ...	25	30	36	25	21	36

As the Infant Mortality Rate varies directly with the five social classes of the Registrar General i.e. there is a higher mortality rate in Classes IV. and V. than in Classes I. and II. it is informative to show the percentage in each social class in the four cities and in Scotland as a whole. This information has been obtained from the Registrar General's One Per Cent. Sample Tables (H.M. Stationery Office 1952).

<table>
<tr><th></th><th colspan="5">Percentage in each Social Class</th></tr>
<tr><th></th><th>I.</th><th>II.</th><th>III.</th><th>IV.</th><th>V.</th></tr>
<tr><td rowspan="2">Scotland</td><td>2.96</td><td>13.21</td><td>50.92</td><td>18.21</td><td>14.71</td></tr>
<tr><td colspan="2">16.17</td><td></td><td colspan="2">32.92</td></tr>
<tr><td rowspan="2">Aberdeen</td><td>3.65</td><td>14.12</td><td>48.84</td><td>14.12</td><td>19.27</td></tr>
<tr><td colspan="2">17.77</td><td></td><td colspan="2">33.39</td></tr>
<tr><td rowspan="2">Edinburgh</td><td>5.36</td><td>12.71</td><td>56.65</td><td>10.79</td><td>14.50</td></tr>
<tr><td colspan="2">18.07</td><td></td><td colspan="2">25.29</td></tr>
<tr><td rowspan="2">Glasgow</td><td>2.07</td><td>10.17</td><td>54.88</td><td>13.60</td><td>19.28</td></tr>
<tr><td colspan="2">12.24</td><td></td><td colspan="2">32.88</td></tr>
<tr><td rowspan="2">Dundee</td><td>2.03</td><td>9.98</td><td>51.62</td><td>18.45</td><td>17.93</td></tr>
<tr><td colspan="2">12.01</td><td></td><td colspan="2">36.38</td></tr>
</table>

It should be noted that, compared with the other four cities, Dundee has fewer in Classes I. and II. and more in the under privileged IV. and V.

Neo-natal deaths registered during the year.

65 infants (37 males and 28 females) died before reaching the age of four weeks (compared with 75 in 1954), giving a neo-natal mortality rate of 21 per 1,000 live births. The proportion of total infant deaths which occurred in the neo-natal period was 58.6% compared with 70.1% in the previous year.

There is a close relationship between stillbirths and neo-natal deaths in that the causal factors are similar and it is informative to study the stillbirth rate, neo-natal mortality rate and the perinatal mortality rate (i.e. the number of still-births and neo-natal deaths per 1,000 live and still births).

Year		Total Registered Births	Stillbirths		Neo-natal deaths		Peri-natal deaths	
			No.	Rate	No.	Rate	No.	Rate.
1946	......	4,077	136	34	107	27	243	60
1947	......	4,277	108	25	136	33	244	57
1948	......	3,706	108	29	70	19	178	48
1949	......	3,481	96	28	95	28	191	55
1950	......	3,271	100	31	91	29	191	58
1951	......	3,224	82	25	80	25	162	50
1952	......	3,221	76	24	62	20	138	43
1953	......	3,254	80	25	63	20	143	44
1954	......	3,290	93	28	75	23	168	51
1955	......	3,182	75	24	65	21	140	44

Comparison of Stillbirth and Neo-Natal Rates with other Scottish Cities and with National Rates.

	1952.			**1953.**			**1954.**			**1955.**		
	S.B. rate	Neo-natal rate	S.B.+ neo-natal rate.	S.B. rate	Neo-natal rate	S.B.+ neo-natal rate.	S.B. rate	Neo-natal rate	S.B.+ neo-natal rate.	S.B. rate	Neo-natal rate	S.B.+ neo-natal rate.
Scotland	26	22	**48**	25	19	**44**	25	21	**46**	25	20	**45**
Glasgow	27	24	**51**	27	22	**49**	29	21	**50**	27	23	**50**
Edinburgh	27	17	**44**	22	16	**38**	21	19	**40**	24	18	**42**
Aberdeen	18	19	**37**	20	19	**39**	19	15	**34**	12	11	**23**
Dundee	24	20	**44**	25	20	**45**	28	23	**51**	24	21	**43**

Neo-natal Deaths

Cause of Death.

	Males — 37.								Females — 28.								Total — 65.	
Cause of Death.	0-1 dy.	1-2 dys.	2-3 dys.	3-4 dys.	4-7 dys.	1-2 wks.	2-3 wks.	3-4 wks.	0-1 dy.	1-2 dys.	2-3 dys.	3-4 dys.	4-7 dys.	1-2 wks.	2-3 wks.	3-4 wks.	Total.	% age.
Prematurity	3(3)	2(2)	0	0	2(2)	0	1(1)	0	1(1)	0	0	0	1(1)	1(1)	0	0	11(11)	16.9
Atelectasis	1	3(3)	0	0	0	0	0	0	1(1)	0	1	0	0	0	0	0	6(4)	9.2
Asphyxia	4(2)	1(1)	0	0	0	0	0	0	3(1)	1	0	0	0	0	0	0	9(4)	13.8
Injury at birth including cerebral haemorrhage ...	4(4)	2(1)	1(1)	1(1)	1(1)	0	0	0	4(2)	1	1	0	0	1(1)	0	0	16(11)	24.6
Pneumonia and other forms of respiratory disease	1	0	2(1)	0	1(1)	0	0	0	1	0	0	0	0	0	0	1(1)	6(3)	9.2
Gastro-enteritis and other diseases of alimentary system	0	0	1(1)	0	0	0	2(1)	0	0	0	0	0	0	1(1)	0	0	4(3)	6.2
Congenital malformations	3	0	1	0	0	0	0	0	0	0	1(1)	1	2	0	1(1)	1	10(2)	15.4
Cardiac failure	0	0	0	0	0	0	0	0	1*	0	1	0	0	0	0	0	2	3.1
Erythroblastosis foetalis	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1.5
	16(9)	8(7)	5(3)	1(1)	4(4)	0	3(2)	0	12(5)	2	4(1)	1	3(1)	3(3)	1(1)	2(1)	65(38)	99.9
	34(91.9%)					3(8.1%)			22(78.6%)					6(21.4%)				

* associated with erythroblastosis.

Figures in brackets denote the number of premature births.

28(43.1%) of neo-natal deaths occurred in the first day of life.
56(86.2%) of neo-natal deaths occurred in the first week of life.
59(90.8%) of neo-natal deaths occurred in the first two weeks of life.
58.6% of total infant deaths occurred in the neo-natal period (61.7% males and 54.9% females).

Maturity according to birth weight of infants dying under four weeks.

	Males.	Females.	Total.	%age
Birth weight over 5½ lbs.	11	16	27	41.5
Birth weight 5½ lbs. or less	26	12	38	58.5
	—37	—28	—65	——100.0

	BIRTHS.		DEATHS UNDER FOUR WEEKS.	
Year.	Total No.	No. notified as premature.	No.	No. considered to be premature.
1950	3,782	390(7.7%)	91	56(61.5%)
1951	3,707	340(9.2%)	80	52(64.2%)
1952	3,699	298(8.1%)	62	37(59.7%)
1953	3,847	327(8.5%)	63	44(69.8%)
1954	3,851(3,226)*	324(8.4%)276(8.6%)*	75	50(66.7%)
1955	3,814(3,167)*	347(9.1%)277(8.7%)*	65	38(58.5%)

* These figures refer to Dundee births only As only Dundee deaths are considered it is more accurate to consider Dundee births only.

It will be seen from the above tables that although only eleven (16.9%) neo-natal deaths were ascribed to unqualified prematurity almost three fifths of the deaths (58.5%) were associated with premature birth. Sixteen deaths (24.6%) were ascribed to injury at birth and this was the chief cause of death apart from prematurity. Fifty-two (46.8%) of all the infants who died and 38 (58.5%) of those who died in the neo-natal period were premature while only 8.7% of all notified births were so classed.

The following table shows the birth weights of those premature children who died under the age of four weeks:—

Under 1 lb.	1-2 lbs.	2-3 lbs.	3-4 lbs.	4-5 lbs.	5-5½ lbs.	Total.
0	3	15	5	10	5	38

Analysis of Neo-natal Deaths according to Legitimacy, Place of Delivery, Employment of mother, etc.

Legitimacy.

	Males.	Females.	Total.	%age.
Legitimate	32 (11 F.T. 21 prem.)	26 (15 F.T. 11 prem.)	58	89.2
Illegitimate	5 (0 F.T. 5 prem.)	2 (1 F.T. 1 prem.)	7	10.8
	— 37	— 28	— 65	——100.0

Place of Delivery.	No. of notified Dundee live births	No. of Dundee neo-natal deaths.	Rate per 1,000 live births.
Institutional—			
Royal Infirmary (indoor)	1,074	29	26.9
Maryfield Hospital	1,290	20	15.5
Nursing Homes	246	2	8.1
Domiciliary—			
Royal Infirmary (outdoor) ...	49	2	40.8
Doctor and/or Midwife	432	11	25.5
Unattended	1	—	—
Born outwith the City	—	1	—
	3,092	65	21.0

Employment of Mother during Pregnancy.

	Employed.	Not employed apart from home duties.	Total.
Number of Mothers	33	32	65

Type of and Duration of Employment of Mother during Pregnancy.

Type of Employment.	Duration of Employment in Months.									
	1	2	3	4	5	6	7	8	9	Total.
Workers in jute and allied trades	0	1	4(3)	2(1)	2(1)	3(1)	2(1)	2(1)	0	16(8)
Workers in light industries	1(1)	2(1)	0	0	1(1)	3(3)	1(1)	0	0	8(7)
Shop assistants	0	0	0	1(1)	0	2(2)	1(1)	0	0	4(4)
Clerkesses, comptometer operators	0	0	0	2(1)	0	0	1	0	0	3(1)
Orderlies	0	0	1(1)	0	0	0	0	0	0	1(1)
Cleaners	0	1	0	0	0	0	0	0	0	1
	1(1)	4(1)	5(4)	5(3)	3(2)	8(6)	5(3)	2(1)	0	33(21)

Figures in brackets refer to mothers who had premature deliveries.

Parity of Mother.

Parity.	1	2	3	4	5	6	7	8	9	Total.
Number	23(11)	8(4)	14(10)	7(3)	4(2)	5(5)	0	2(1)	2(2)	65(38)

Figures in brackets refer to mothers who had premature deliveries.

Age of Mother.

Age Group.	15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40+ yrs.	Total.
Number	3(1)	18(11)	13(9)	15(7)	13(8)	3(2)	65(38)

Figures in brackets refer to mothers who had premature deliveries.

Type of ante-natal care.	No. of neo-natal deaths.
At Hospital or Local Authority clinic	45(69.2%)*
By Doctor and/or Midwife	13(20.0%)
No ante-natal care	7(10.8%)
Total	65

* The percentage of institutional confinements for the City was 84.6.

Neonatal deaths associated with Social Class

Social Class.

	I.	II.	III.	IV.	V.	TOTAL.
Legitimate	0	5 (8.6%)	19 (32.8%)	24 (41.4%)	10 (17.2%)	58 (100.0%)
Illegitimate	0	0	1 (14.3%)	2 (28.6%)	4 (57.1%)	7 (100.0%)
	0	5 (7.7%)	20 (30.8%)	26 (40.0%)	14 (21.5%)	65 (100.0%)
Percentage in each social class for population of Dundee	2.03	9.98	51.62	18.45	17.93	100 0

Multiple Births

As prematurity played an important part in the cause of death of three-fifths of the neo-natal deaths and as it is well recognised that multiple pregnancies are more likely to give rise to small babies, the incidence of multiple births has been recorded. In 1955 the incidence of multiple births was 1.4% of total confinements; 43 twin births and one triple birth occurred in the city to women who normally reside in the city. Of these 89 babies, 5 were stillborn, 9 died under one month (7 under one week) and one died later in the first year. When multiple births alone were considered the stillbirth rate was 56.2 and the neo-natal mortality rate was 101.1. 13.8% of the neo-natal deaths were associated with multiple pregnancy.

	Institutional.	Domiciliary.	Total.
Total Dundee births	2,680	487	3,167
No. of multiple births :—			
(1) Twin pregnancies	41*	2	43
(2) Triple pregnancies	1 (1.6%)	0 (0.4%)	1 (1.4%)
No. of confinements	2,596	482	3,078

* Includes one twin birth where the other twin was born at home.

	1953.	1954.	1955.
Total Dundee confinements	3,209	3,175	3,078
Twin pregnancies	62	47	43
Triple pregnancies	0 (1.9%)	2 (1.5%)	1 (1.4%)

Deaths of Infants between four weeks and one year

Forty-six infants (23 males and 23 females) died between the ages of four weeks and twelve months which is equivalent to a mortality rate of 15 for this age period compared with 10 in 1954. This rise in the post neo-natal infant mortality rate almost accounts for the increase in the total infant mortality rate for the year and the rise from 6 to 28 in the percentage of deaths at this period from gastro-enteritis is probably responsible for this. It is disturbing to note this increase in the number of deaths from gastro-enteritis but on the other hand the fall in the number of deaths from accidental asphyxia is an encouraging sign.

Deaths under one year

4wks. - 12mths.

Cause of Death.	Males — 23					Females — 23					Total — 46	
	4 wks.- 2 mths.	2-3 mths.	3-6 mths.	6-8 mths.	9-12 mths.	4 wks.- 2 mths.	2-3 mths.	3-6 mths.	6-8 mths.	9-12 mths.	Total.	%age.
Pneumonia	1	1(1)	2(1)	1	1	0	3(2)	2	0	0	11(4)	23.9
Whooping Cough	0	0	0	0	0	0	0	1	0	0	1	2.2
Measles	0	0	0	0	1	0	0	0	0	1(1)	2(1)	4.3
Gastro-enteritis	3(2)	1	3	0	1	0	1(1)	3(1)	0	1	13(4)	28.3
Influenzal meningitis	0	0	0	0	1	0	0	0	0	0	1	2.2
Acute otitis media. Broncho-pneumonia	0	0	0	0	0	0	0	1	0	0	1	2.2
Pulmonary thrombosis	0	0	0	0	1(1)	0	0	0	0	0	1(1)	2.2
Status asthmaticus	0	0	0	1	0	0	0	0	0	1	2	4.3
Cerebral thrombophlebitis	0	0	0	0	0	0	0	0	1	0	1	2.2
Congenital heart disease	1(1)	0	1	0	0	0	1	0	2(1)	1(1)	6(3)	13.0
Idiopathic hypercalcaemia	0	0	0	0	0	0	0	0	1	0	1	2.2
Acute adrenal insufficiency	1	0	0	0	0	0	0	0	0	0	1	2.2
Hypertrophic pyloric stenosis	0	1	0	0	0	0	0	0	0	0	1	2.2
Marasmus	0	0	0	0	0	0	0	1(1)	0	0	1(1)	2.2
Accidental asphyxia	0	0	1	0	0	0	1	0	1	0	3	6.5
	6(3)	3(1)	7(1)	2	5(1)	0	6(3)	8(2)	5(1)	4(2)	46(14)	100.1

Figures in brackets refer to premature deliveries.

Analysis of deaths between the ages of four weeks and one year according to Legitimacy, Parity of mother, Age of mother, Feeding, etc.

Legitimacy.

	Males.	Females.	Total.	%age.
Legitimate	19 (15 F.T. 4 prem.)	20 (13 F.T. 7 prem.)	39	84.8
Illegitimate	4 (2 F.T. 2 prem.)	3 (2 F.T. 1 prem.)	7	15.2
	23	23	46	100.0

Parity of Mother.

Parity.	1	2	3	4	5	6	7	8	Total.
Number	13	15	9	4	4	0	0	1	46

Age of Mother.

Age Group.	15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 yrs. +	Tot.
Number	2	14	14	13	2	1	46

Social Class.

	I.	II.	III.	IV.	V.	Total.
Legitimate	0	1	10	18	10	39
		(2.6%)	(25.6%)	(46.2%)	(25.6%)	(100.0%)
Illegitimate	0	0	0	4	3	7
				(57.1%)	(42.9%)	(100.0%)
	0	1	10	22	13	46
		(2.2%)	(21.7%)	(47.8%)	(28.3%)	(100.0%)
Percentage in each social class for population of Dundee.	2.03	9.98	51.62	18.45	17.93	100.0

An investigation was made with regard to the type of feeding of the infants between the ages of four weeks and one year who died from (1) all causes, (2) gastro-enteritis, (3) pneumonia and (4) accidental suffocation. Of the thirteen babies of that age period who died from gastro-enteritis four had never been breast fed and no baby was receiving breast milk when gastro-enteritis developed; of the eleven babies of that age period who died from pneumonia only three were breast fed at one month and only one was receiving breast milk at the time when the illness developed; of the three babies of that age period who died from accidental suffocation none was breast fed at the time of death.

The duration of breast feeding among all infants born in 1955 has been contrasted with the duration of breast feeding among those infants who died (1) of all causes, (2) of gastro-enteritis, (3) of pneumonia and (4) of accidental suffocation.

	No. of cases.	Never breast Fed	Breast Fed at 2 wks.	1 mth.	3 mths.	6 mths.
Babies born in 1955 in whom type of feeding was known	2,958*	425 (14.4%)	2,153 (72.8%)	1,604 (54.2%)	908 (30.7%)	534 (18.1%)
Babies who died between 4 weeks and 1 year.						
From all causes	46	13 (28.3%)	25 (54.3%)	14 (30.4%)	4 (8.7%)	2 (4.3%)
From gastro-enteritis	13	4 (30.8%)	7 (53.8%)	5 (38.5%)	1 (7.7%)	0 (0.0%)
From pneumonia ...	11	3 (27.3%)	7 (63.6%)	3 (27.3%)	0 (0.0%)	0 (0.0%)
From accidental suffocation	3	0 (0.0%)	2 (66.7%)	1 (33.3%)	1 (33.3%)	0 (0.0%)

* In addition 81 were not visited, died, were transferred out of Dundee or particulars of feeding were not known.

It will be seen that more than two-thirds of the babies artificially fed before they reached the age of one month compared with 46% of all babies.

Illegitimate Mortality.

Year	Number of registered live births (corrected)	No. Illegit.	No. of Infant Deaths	No. Illegit.	I.M.R.	Illegit. Deaths per 1,000 Illegit. Births
1950	3,171	208 (6.6%)	158	22 (13.9%)	50	106
1951	3,142	210 (6.7%)	129	14 (10.9%)	41	67
1952	3,145	205 (6.5%)	97	14 (14.4%)	31	68
1953	3,174	180 (5.7%)	102	15 (14.7%)	32	83
1954	3,197	200 (6.3%)	107	18 (16.8%)	33	90
1955	3,107	182 (5.9%)	111	14 (12.6%)	36	77

Of the 182 illegitimate live births 14 infants died before reaching the age of one year and this is equivalent to a mortality of 77 per 1,000 illegitimate births—more than double the infant mortality rate for the city. 12.6% of the infants who died before the age of one year were illegitimate and in the following table the percentage amongst total live births and stillbirths, is also shown.

		No. Illegit.	Percentage.	
No. of live births	3,107	182	5.9	
No. of stillbirths	75	5	6.7	
No. of neo-natal deaths	65	7	10.8	12.6%
No. of deaths— (4wks. - 12mths.)	46	7	15.2	

Deaths of Children between one year and five years

In addition to deaths of children under one year of age 12 deaths of children (5 males and 7 females) from one to five years were noted by the department.

Cause of Death.	Age in years.				
	1-2	2-3	3-4	4-5	Total.
Pneumonia	1	0	0	0	1
Acute meningococcal septicaemia	1	0	0	0	1
Encephalitis	0	1	0	0	1
Acute lymphatic leukaemia	0	0	1	0	1
Congenital heart disease	1	0	0	0	1
Congenital pulmonary stenosis	1	0	0	0	1
Primary pulmonary hypertension	0	0	0	1	1
Tumour of brain	0	0	0	1	1
Motor vehicle accident	1	1	1	0	3
Smothering	1	0	0	0	1
	6	2	2	2	12

Deaths of children between one year and five years.

Year.	Total no. of deaths.	Deaths from accidents	Deaths from infections.
1946	40	8	23
1947	38	5	22
1948	24	5	14
1949	22	2	11
1950	24	5	14
1951	21	5	5
1952	19	4	7
1953	13	3	4
1954	12	4	4
1955	12	4	2

It will be seen from the above table that the mortality in this age group has shown a steady fall during the last ten years; the number of deaths has fallen to less than one-third of the number in 1946. There is a striking reduction in the number of deaths from infectious diseases and the number of deaths from accidents has been halved.

Maternal Mortality.

The maternal mortality per 1,000 live and still births (corrected for transfers) for 1955 was 0.3 compared with 1.2 in 1954.

Year	No. of registered births.	Maternal Deaths associated with pregnancy or childbirth.
1947	4,277	10
1948	3,706	7
1949	3,481	8
1950	3,271	2
1951	3,224	5
1952	3,221	2
1953	3,254	0
1954	3,290	4
1955	3,182	1

In 1955 there was one maternal death, that of a woman who died during pregnancy. She was 24 years of age and the certified cause of death was "severe toxaemia of pregnancy. liver necrosis, cerebral haemorrhage."

Notification of Special Conditions.

Year	Puerperal Pyrexia	Puerperal Sepsis	Ophthalmia Neonatorum
1950	35	2	216
1951	16	2	233
1952	25	2	204
1953	27	3	128
1954	15	2	140
1955	12	0	185

Although there were no cases notified as Puerperal Sepsis five cases notified as Puerperal Pyrexia were later diagnosed as Puerperal Sepsis giving an incidence for the year of five cases of Puerperal Sepsis and seven cases of Puerperal Pyrexia, analysed as follows:—

Place of Delivery.	PUERPERAL PYREXIA	PUERPERAL SEPSIS
Institution	3	4
Home	4	1
	7	5

Place of Treatment.	PUERPERAL PYREXIA	PUERPERAL SEPSIS
Institution	3	5
Home	4	0
	7	5
Result.		
Recovery	7	5
Death	0	0
	7	5

There was again an increase in the notifications of ophthalmia neonatorum but it has to be borne in mind that notifications do not necessarily correspond with incidence and the apparent increase may be due to a more strict interpretation of the Public Health (Infectious Diseases) Regulations (Scotland) 1932. It is significant that more than three-fifths of the cases of opthalmia neonatorum were first notified by the staff of the Maternity and Child Welfare Department.

Ophathalmia Neonatorum

Source of Notification.	No. of cases.
Doctor	3 (1.6%)
Midwife	55 (29.7%)
Royal Infirmary	6 (3.2%)
Maryfield Hospital	0 (0.0%)
Maternity and Child Welfare Department	121 (65.4%)
	185

Interval between date of birth and date of onset of ophthalmia neonatorum

Interval	0-1 day.	1 day.	2 days.	3 days.	4-6 days.	7-13 days.	2-3 weeks.	Un-known.	Total.
Number	7	7	12	9	24	68	17	41	185

Interval between date of onset of ophthalmia neonatorum and date of notification

Interval	0-1 day.	1 day.	2 days.	3 days.	4-6 days.	7-13 days.	2-3 weeks.	3 weeks.	Un-known.	Total.
Number	17	25	13	18	24	34	12	1	41	185

Ante-natal Clinics

The Local Authority provide ante-natal clinics at two centres, namely Ancrum Road, Lochee and Fort Street, Broughty Ferry. A weekly session is held at each centre and these clinics are under the supervision of obstetricians provided by the Eastern Regional Hospital Board. There is a reciprocal arrangement with the Eastern Regional Hospital Board whereby patients booked for hospital confinement may for convenience attend the Local Authority clinics and domiciliary cases may attend the hospital clinics.

Year	Lochee		Broughty Ferry		Total	
	New Cases.	Total Attend.	New Cases.	Total Attend.	New Cases.	Total Attend.
1949	111	749	19	174	130	923
1950	120	754	32	271	152	1,025
1951	103*	845	38	288	141	1,133
1952	99	910	38	505	137	1,415
1953	109	1,006	75†	741	184	1,747
1954	86	924	65	729	151	1,653
1955	79	770	78†	793	157	1,563

* Includes two not pregnant.

† Includes one not pregnant.

Clinic Attendances.

Year.	No. of women attending.			Total attendances.	Average attendances per woman.
	New Cases.	No. of new cases from 1954 still attending.	Total.		
1953	184	134	318	1,747	5.5
1954	151	150	301	1,653	5.5
1955	157	115	272	1,563	5.7

New Cases.

Stage of Pregnancy.	Lochee.	Broughty Ferry.	Total.
2nd month	1	0	1
3rd month	4	5	9
4th month	28	24	52
5th month	20	21	41
6th month	14	18	32
7th month	11	3	14
8th month	1	6	7
9th month	0	0	0
	79	77	156

Conditions found.	Lochee.	Broughty Ferry.	Total.
Malposition	7	2	9
Twin pregnancy	2	0	2
Hyperpiesis	4	3	7
Albuminuria	5	2	7
Rhesus negative	22	18	40
	40	25	65

The number of new cases at ante-natal clinics showed a slight increase; i.e. 157 women attended for the first time in 1955 compared with 151 in 1954. On the other hand the number of cases carried forward from the previous year decreased from 150 in 1954 to 115 in 1955, that is, the total number of women attending the ante-natal clinics fell from 301 to 272.

272 women (157 new cases and 115 carried forward from previous year) made 1,563 attendances compared with 301 women making 1,653 attendances in 1954; the average number of attendances made by each woman was 5.7 compared with 5.5 in the previous year.

Post-natal clinics

The Local Authority provide weekly sessions at Ancrum Road, Lochee and Fort Street, Broughty Ferry, when post-natal advice and treatment are available. These sessions are held concurrently with the ante-natal clinics.

	Lochee.		Broughty Ferry.		Total.	
Year.	New Cases.	Total attendances.	New Cases.	Total attendances.	New Cases.	Total attendances.
1949	24	24	26	32	50	56
1950	30	32	31	37	61	69
1951	44	61	34	36	78	97
1952	45	79	56	75	101	154
1953	61	90	71	98	132	188
1954	75	114	70	93	145	207
1955	70	96	65	81	135	177

Clinic Attendances.

	No. of women attending.				
Year.	New Cases.	No. of new cases from 1954 still attending.	Total.	Total attendances.	Average attendances per woman.
1953	132	9	141	188	1.3
1954	145	8	153	207	1.4
1955	135	11	146	177	1.2

During the year 135 women attended for the first time, compared with 145 in 1954, and 177 attendances were made.

The number of women attending post-natal clinics showed a decrease and it is a matter for concern that only 50% of the women attending the ante-natal clinics appear to return for a post-natal examination.

Advice Centre for Expectant Mothers

All women who wish to engage a domiciliary midwife under Section 23(2) of the National Health Service (Scotland) Act 1947, are asked to apply in the first instance at the Advice Centre at 1 Nelson Street and 538 women attended for this purpose during the year. In addition, any expectant mothers with problems are encouraged to attend this centre for advice, and 57 mothers took advantage of this service during the year.

As in previous years expectant mothers were seen by a doctor and advised regarding diet, the advantages of breast feeding, domestic arrangements during the period of confinement, etc. Expectant mothers were also advised of the advantages of attendance at a baby clinic, etc. All patients who attended the Advice Centre were thereafter visited regularly by a health visitor during the remainder of the pregnancy.

Year.	Attendances for Booking Midwife.	Other Attendances.	Total.
1949	226	32	258
1950	275	10	285
1951	258	8	266
1952	247	8	255
1953	276	21	297
1954	378	38	416
1955	538	57	593

Supply of Maternity Outfits and Layettes

Every expectant mother who is to be confined at home and who is making use of the arrangements for expectant mothers under the National Health Service is entitled to be supplied with a maternity outfit free of charge. These outfits contain the main dressings required at the confinement and conform to suggestions made by the Department of Health for Scotland. During the year, 468 maternity outfits were issued compared with 327 in 1954. Outfits were returned by eight women who had arranged to have a home confinement but who were ultimately confined in hospital.

Layettes are issued to necessitous cases and are provided free for babies of mothers who are not entitled to receive maternity benefit; during the year 13 layettes were issued compared with 17 in 1954. Wool to make baby garments is given in suitable cases to encourage mothers to make some effort to provide for their babies. This wool is provided from money generously gifted by the Dundee Voluntary Health Workers' Association.

Infant and Child Welfare Clinics.

There were 17,167 attendances of infants under one year compared with 17,899 in 1954 and 5,457 attendances of children between the ages of one and five years compared with 4,263 during the previous year. It is satisfactory to record that the number of attendances of children over the age of one year, though still low compared with that of children under the age of one year, shows a substantial increase. This would suggest that mothers are becoming more aware of the advantages of continuing to attend a child welfare centre after infancy has passed and of the value of regular supervision in the pre-school years.

The attendances at child welfare centres of mothers with a common interest make the clinic a particularly suitable place for health teaching, which is the main object of the maternity and child welfare services and it is therefore gratifying to note that the number of attendances is still increasing. The concensus of opinion is that the incidence of physical ill-health has been reduced by means of health education and other activities of the preventive services and by advances in curative medicine. On the other hand, the realisation of the importance of preventing mental ill-health and maladjustment by dealing with the causes which may often be traced back to infancy and early childhood is a recent development and the challenge to reduce mental ill-health is as great now as was the challenge to reduce physical ill-health in the past.

Arrangements were made with the Church of Scotland to rent the church hall at Douglas and Angus for one afternoon a week and a child welfare clinic was opened there on

10th June 1955. At the end of 1955 there were eleven child welfare centres in the city with a total of sixteen sessions each week.

The opportunity is gladly taken to express sincere thanks to the voluntary workers who so generously give of their time and energies to help at child welfare clinics. Their valuable assistance enables health visitors to devote more time to their true function of " health education and social advice " (see " An Inquiry into Health Visiting " H.M.S.O. 1956).

Attendances of Children at Child Welfare Centres

Year.	New Cases 0-1 year.	New Cases 1-5 years.	New Cases Total.	Attendances 0-1 year.	Attendances 1-5 years.	Attendances Total.
1948	1,560	59	1,619	13,774	2,818	16,592
1949	1,628	103	1,731	14,905	3,020	17,925
1950	1,477	77	1,554	14,345	2,674	17,019
1951	1,460	73	1,533	13,588	2,559	16,147
1952	1,571	89	1,660	14,684	2,820	17,504
1953	1,641	106	1,747	17,236	3,393	20,629
1954	1,707	198	1,905	17,899	4,263	22,162
1955	1,628	248	1,876	17,167	5,457	22,624

Details of Attendances at Child Welfare Centres during 1955

Name of Centre.	0-1 year		1-5 years		Total		
	New Cases.	Revisits.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
Central (a)	65	793	3	152	68	945	1,013
" (b)	157	1,103	17	346	174	1,449	1,623
Lochee (a)	95	1,098	12	265	107	1,363	1,470
" (b)	153	1,352	20	409	173	1,761	1,934
Hawkhill (a)	96	1,030	1	243	97	1,273	1,370
" (b)	97	1,229	14	307	111	1,536	1,647
Maryfield (a)	130	1,133	13	333	143	1,466	1,609
" (b)	63	723	8	144	71	867	938
Douglas and Angus*	112	721	27	370	139	1,091	1,230
Ferry Road	105	1,157	19	399	124	1,556	1,680
Butterburn	112	1,117	21	443	133	1,560	1,693
Broughty Ferry	72	1,000	8	272	80	1,272	1,352
King's Cross West (a)	98	980	13	410	111	1,390	1,501
King's Cross West (b)	60	650	7	264	67	914	981
West March	58	499	14	205	72	704	776
Fintry	155	954	51	647	206	1,601	1,807
	1,628	15,539	248	5,209	1,876	20,748	22,624

* Opened 10th June, 1955.

No. of children attending the clinics during 1955

	0-1 year.	1-5 years.	Total.
Central (a)	92	34	126
,, (b)	219	99	318
Lochee (a)	143	48	191
,, (b)	225	121	346
Hawkhill (a)	134	50	184
,, (b)	148	63	211
Maryfield (a)	180	53	233
,, (b)	97	39	136
Ferry Road	179	91	270
Butterburn	161	96	257
Broughty Ferry	107	59	166
King's Cross West (a)	138	74	212
King's Cross West (b)	78	47	125
West March	94	69	163
Fintry	217	197	414
Douglas and Angus*	114	70	184
	2,326	1,210	3,536

* Opened 10th June, 1955.

Analysis of Type of Feeding of Infants attending Child Welfare Clinics for the first time

	Breast.	Mixed*	Artificial.	Partly Breast†	Unknown.	Total
Males	396	44	125	283	2	850
Females	354	32	119	271	2	778
Total	750(46.1%)	76(4.7%)	244(15.0%)	554(34.0%)	4(0.2%)	1,628

* Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e. combination of breast and artificial feeding.

† Partly breast fed means that breast feeding had been carried out for a time but that artificial feeding had been substituted.

Proportion of breast feeding in infants attending clinics for the first time

AGE IN MONTHS.

	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-12	Total.
Breast and supplemented breast	512 (71.6%)	176 (46.3%)	52 (34.9%)	30 (24.4%)	19 (25.3%)	4 (7.8%)	8 (20.0%)	9 (31.0%)	16 (25.8%)	826 (50.9%)
Artificial and part breast*	203 (28.4%)	204 (53.7%)	97 (65.1%)	93 (75.6%)	56 (74.7%)	47 (92.2%)	32 (80.0%)	20 (69.0%)	46 (74.2%)	798 (49.1%)
Total	715	380	149	123	75	51	40	29	62	1,624

Particulars of feeding of four children prior to first attendance at clinic were not known and are therefore omitted from table.

* Part breast fed means that breast feeding had been carried out for a time, but that artificial feeding had been substituted.

One of the most important functions of a child welfare centre is to encourage breast feeding and the above table has been prepared to show the number of babies who are breast fed when brought to the clinic for the first time. It will be obvious from the table that when infants are brought to the clinic early, i.e. during the first month, nearly three out of every four are receiving breast milk, whereas if the first attendance at the clinic is postponed until the third month approximately two-thirds are artificially fed. This information strongly supports and re-inforces the policy of encouraging early attendance at the clinics so that advice and help may be given to mothers in an endeavour to prevent premature and unnecessary weaning from the breast.

Of the 1,628 children under one year of age attending the clinics for the first time 1,141 (70.1%) showed no disease or congenital defect. The other new cases and children of that age group already in attendance at the clinics showed disorders or defects classified as follows:—

0-1 year.

Disorders of the digestive system	60
Disorders of the respiratory system	52
Disorders of nutrition	27
Skin conditions	183
Eye conditions	122
Ear, nose and throat conditions	8
Congenital defects	203
Infectious diseases	1
Various	75
	731

Of the 248 children between one and five years of age attending the clinics for the first time, 132 (53.2%) showed no disease or congenital defect. The remaining 116 new cases and other children of that age group already in attendance at the clinics showed disorders or defects, classified as follows:—

1-5 years.

Disorders of the digestive system	6
Disorders of the respiratory system	3
Disorders of nutrition	57
Skin conditions	27
Eye conditions	33
Ear, nose and throat conditions	39
Congenital defects	97
Infectious diseases	6
Various	6
	274

Special Clinics

Breast Feeding and Mothercraft Classes

A mothercraft class is held at 1 Nelson Street and is in charge of a health visitor with the Mothercraft Teaching Certificate from Cromwell House. There were 103 sessions during the year and 250 women attended making 1,003 attendances compared with 178 women making 676 attendances in 1954 and with 171 women making 613 attendances in 1953.

	No. of sessions.	No. of women attending.	No. of attendances.
1951	64	143	554
1952	72	142	588
1953	71	171	613
1954	79	178	676
1955	103	250	1,003

Although there is a substantial increase in the number of attendances compared with previous years, there is still a great field for expansion in the work of teaching expectant mothers the principles of mothercraft and of child care. A young expectant mother without the responsibilities of other children is usually free to attend classes and is often in a very receptive frame of mind. Every opportunity is therefore taken to encourage young mothers expecting their first babies to attend these classes.

Dental Clinic.

1. **Expectant Mothers.**

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	81	73	11	45
1951	60	54	15	64
1952	88	59	16	22
1953	103	71	20	45
1954	105	86	46	127
1955	203	173	102	302

2. Nursing Mothers.

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	0	0	0	0
1951	1	1	1	1
1952	0	0	0	0
1953	1	1	1	5
1954	24	24	20	68
1955	51	50	45	159

3. Pre-School Children.

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	113	113	113	139
1951	120	120	120	129
1952	88	88	88	93
1953	65	65	65	83
1954	75	75	75	97
1955	141	141	141	212

4. Children in Day Nurseries.

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	265	142	98	131
1951	228	95	60	74
1952	361	117	53	57
1953	424	175	64	70
1954	295	161	93	110
1955	422	215	101	118

A dentist carries out routine examinations of patients attending Broughty Ferry and Lochee ante-natal clinics and facilities for treatment are offered when required. Women who book at Nelson Street for a domiciliary confinement and who are found to require dental advice are also referred to the Dental Officer unless they prefer to attend their own dentists.

Routine dental examinations were carried out at the day nurseries and any necessary treatment arranged, usually at the clinics. It is not possible, however, owing to shortage of dental staff for these examinations to take place as often as would be considered necessary or desirable. During 1955, 422 children were examined at the nurseries and 50.9% were found to require treatment.

In addition children attending child welfare centres who were in need of dental attention were referred for treatment to the dental clinics.

Paediatric Clinic

A special clinic is held once a fortnight when a consultant paediatrician sees cases referred to him from child welfare clinics and day nurseries. During 1955, 4 children between one and five years of age attended.

Year.	Babies. New Cases.	Revisits.	Children 1-5 years New Cases.	Revisits	Total.
1948	43	13	62	28	146
1949	27	11	47	45	130
1950	10	5	13	7	35
1951	11	2	18	0	31
1952	0	0	7	0	7
1953	0	0	8	7	15
1954	0	0	5	3	8
1955	0	0	4	0	4

Conditions found.

1-5 years.

Enuresis	3
Heart murmur	1
	4

Orthopaedic Clinic

The services of a consulant orthopaedic surgeon are available through the Dundee children's orthopaedic service at the Royal Infirmary and during 1955, 406 children (65 under one year and 341 between one and five years of age) attended for the first time.

Year.	Babies. New Cases.	Revisits.	Children 1-5 years New Cases.	Revisits	Total.
1947	18	47	136	251	452
1948	20	50	153	249	472
1949	38	57	322	205	622
1950	72	73	322	317	784
1951	73	118	362	302	855
1952	76	122	392	313	903
1953	77	167	397	365	1,006
1954	64	116	174	581	935
1955	65	119	341	875	1,400

Conditions found.

Under 1 year.

Foot deformities	34
Congenital deformities	7
Birth injuries	6
Other conditions	12
No abnormality	6
	65

1-5 years.

Foot deformities	112
Congenital dislocation of hips	4
Knock knees and bow legs	166
Other deformities	11
Spastic conditions	6
Post anterior poliomyelitis paralysis	4
Injuries	9
Other conditions	21
No abnormality	8
	341

Eye Clinic

The services of ophthalmologists consulting at Nelson Street are available for children under the age of five years. During the year 85 children (34 under one year and 51 between the ages of one and five years) were examined for the first time by consultant ophthalmologists.

Year.	Babies. New Cases.	Revisits.	Children 1-5 years New Cases.	Revisits	Total.
1950	79	141	139	191	550
1951	126	226	64	240	656
1952	189	301	89	247	826
1953	116	218	45	210	589
1954	47	74	67	183	371
1955	34	15	51	130	230

Conditions found.

Under 1 year.

Ophthalmia neonatorum	2
Purulent conjunctivitis	2
Tear duct obstruction	15
Blindness	1
Dermoid cyst	1
Examination for Retrolental Fibroplasia	11
Slowness in focussing	1
Strabismus	1
	34

1-5 years.

Strabismus	44
Pallor of optic discs	1
Phlyctenular conjunctivitis	1
Chronic epiphora	1
Photophobia	1
Mucocele	1
Blepharo-spasm	1
Blepharitis	1
	51

Ear, Nose and Throat Clinic

During the year 38 children (4 under one year and 34 between one and five years of age) attended this clinic for the first time and were examined by consultants.

Year.	Babies. New Cases.	Revisits.	Children 1-5 years New Cases.	Revisits	Total.
1950	4	1	93	14	112
1951	1	3	42	21	67
1952	10	0	57	16	83
1953	6	2	43	38	89
1954	1	0	34	24	59
1955	4	0	34	29	67

Conditions found.

Under 1 year.

Enlarged tonsils	1
Otitis media	2
Rhinitis	1
	4

1-5 years.

Speech difficulties	3
Deafness	3
Enlargement or disease of tonsils and adenoids	28
	34

Skin Clinic

Nineteen children under the age of five years (12 infants and 7 children between the ages of one and five years) attended this clinic for the first time and were examined by the consultant dermatologists.

Year.	Babies.		Children 1-5 years		Total.
	New Cases.	Revisits.	New Cases.	Revisits	
1950	15	22	23	24	84
1951	23	38	30	94	185
1952	33	54	51	96	234
1953	20	53	22	81	176
1954	14	67	12	62	155
1955	12	50	7	83	152

Conditions found.

Under 1 year.

Infantile eczema	6
Pityriasis	1
Cavernous angioma	2
Milia	1
Infected dermatitis	1
Papular urticaria	1
	12

1-5 years.

Eczema	3
Bullous impetigo	2
Impetigo contagiosa	2
	7

Nursery Clinic.

A clinic is held on five mornings a week for the purpose of examining children before admission to municipal day nurseries.

Year.	Babies. New Cases.	Revisits.	Children 1-5 years New Cases.	Revisits	Total.
1948	226	424	109	583	1,342
1949	123	124	316	835	1,398
1950	123	103	363	1,015	1,604
1951	126	113	482	1,046	1,767
1952	127	97	505	836	1,565
1953	136	108	507	1,031	1,782
1954	127	121	493	1,026	1,767
1955	136	129	446	987	1,698

Diphtheria Immunization

The following table shows that 88.9% of children had completed a course of inoculation by the time they reached the age of one year or soon afterwards.

Year	Total No. of children reaching the age of 1 yr.	No. of these completing inoculation at the age of 1 yr. or soon after	Percentage.	No. completing inoculation before 1st birthday.	Percentage.
1946	2,439	1,866	76.5	1,100	45.1
1947	3,584	3,023	84.3	2,305	64.3
1948	3,743	3,345	89.4	2,812	75.1
1949	3,408	3,108	91.2	2,828	83.0
1950	3,119	2,810	90.1	2,496	80.0
1951	2,946	2,599	88.2	2,363	80.2
1952	2,943	2,658	90.3	2,460	83.6
1953	2,935	2,592	88.3	2,393	81.5
1954	2,971	2,590	87.2	2,395	80.6
1955	3,036	2,699	88.9	2,446	80.6

Diphtheria Immunization at Child Welfare Clinics

During 1955 courses of immunzation against diphtheria were completed by 977 children at the various child welfare centres and 77.2% of those children were under the age of one year.

	Under 1 year.		1 - 5 years.		
	1st. inj	2nd. inj.	1st. inj.	2nd. inj.	Total courses completed.
1953	902	833	195	239	1,072
1954	1,014	913	172	190	1,103
1955	837	747	215	230	977

Whooping Cough Immunization

Mothers attending the clinics are encouraged to have their children protected against whooping cough and they are referred to their own doctors or if they wish facilities are offered at the clinics for immunization. The number of children starting a course of inoculations against whooping cough at the child welfare clinics during 1955 was 830 and the number who completed the course of three injections was 737 compared with 729 in 1954.

	1st. injection.	2nd. injection.	3rd injection.
1953	585	544	489
1954	852	761	729
1955	830	772	737

Vaccination against Smallpox

Vaccination against smallpox is also carried out at the clinics for those who so desire. During the year 577 babies were successfully vaccinated at child welfare clinics compared with 673 in 1954. It is gratifying to note that the number of infants vaccinated has increased although the proportion of the infant population who are protected against smallpox is still far too low.

Year.	No. of live births.	No. of infants successfully vaccinated At C.W. clinics.	Elsewhere.	Total.	%age of infants vaccinated.
1950	3,171	393	142	535	16.9
1951	3,142	416	239	655	20.8
1952	3,145	599	52	651	20.6
1953	3,174	602	102	704	22.2
1954	3,197	673	76	759	23.7
1955	3,167	577	247	824	26.0

Home Visitation by Health Visitors

The health visitors made 81,547 home visits during the year; the number of visits to infants under one year of age was 33,711 and to children between one and five years 28,386; 13,328 visits were made to expectant mothers. Special visits were made to cases of ophthalmia neonatorum, infantile diarrhoea, puerperal fever and puerperal pyrexia, infectious diseases and for inquries with regard to housing, maternal deaths, infant deaths, fostering and adoption of children, and absences from day nurseries.

Home Visitation by Health Visitors

Year	Mothers A.N.			Mothers P.N.			Babies.			Children 1-5 years.			Special Visits.		
	First visits.	Re-visits.	Total.	First visits.	Re-visits.	Total.	First visits.	Re-visits.	Total.	First visits.	Re-visits.	Total.	First visits.	Re-visits.	Total.
1947	1,432	4,254	5,686	3,826	186	4,012	4,076	26,110	30,186	2,893	16,801	19,694	—	—	—
1948	1,303	4,103	5,406	3,468	83	3,551	3,773	28,952	32,725	3,072	20,246	23,318	—	—	—
1949	1,399	4,752	6,151	3,221	257	3,478	3,521	32,254	35,775	2,746	22,181	24,927	—	—	—
1950	2,089	7,829	9,918	3,195	272	3,467	3,302	31,017	34,319	2,418	24,653	27,071	2,918	2,133	5,051
1951	2,290	10,963	13,253	3,104	267	3,371	3,178	31,223	34,401	2,164	25,984	28,148	1,937	1,181	3,118
1952	2,486	10,927	13,413	3,133	154	3,287	3,155	28,980	32,135	1,936	23,162	25,098	1,556	1,282	2,838
1953	3,758*	10,124	13,882	3,069*	118	3,187	5,899*	28,353	34,252	9,957*	15,107	25,064	1,671*	986	2,657
1954	3,544*	9,495	13,039	3,213*	159	3,372	6.202*	28,825	35,027	9,632*	15,509	25,141	2,047*	1,136	3,183
1955	3,676*	9,652	13,328	2,920*	120	3,040	5,942*	27,769	33,711	10,625*	17,761	28,386	1,731*	1,351	3,082

* This figure is not comparable with those of previous years because it indicates the number of individuals visited during the year and not only first visits.

Reasons for Special Visits

	1st Visits.	Return Visits.	Total.
Ophthalmia neonatorum	132	521	653
Puerperal pyrexia and puerperal sepsis	7	0	7
Infectious diseases	1,506	773	2,279
Day Nurseries	47	12	59
Tuberculosis	39	50	89
	1,731	1,356	3,087

The co-operation and help of the hospital maternity departments is much appreciated. The name of every woman booking for confinement at the hospitals is sent to this department in order that health visitors may make ante-natal visits. One advantage of ante-natal visits by the health visitor is that when the confinement is over and she pays her first visit to the baby, a friendly relationship with the mother has already been established.

Health visitors apart from staffing the local authority ante-natal clinics also attend the hospital ante-natal clinics. At these clinics the health visitor provides a liaison between the staffs of the hospitals and of the local authority; she is able to transmit relevant information to the obstetricians about home circumstances and also to keep the other health visitors informed about the advice and recommendations given by the obstetricians to the patients; in addition, the "liaison" health visitor passes on information to her colleagues about defaulters and this helps to ensure that these are followed up.

DAY NURSERIES

(a) **Provided by Local Authority**

There are eleven Corporation day nurseries as follows:—

	No. of Places			No. of Children on Reg. at end of 1955.			Total Attendances for 1955.			No. of Children on Waiting Lists at end of 1955.		
	0-2 yrs.	2-5 yrs.	Total.	0-2 yrs.	2-5 yrs.	Total.	0-2 yrs.	2-5 yrs.	Total.	0-2 yrs.	2-5 yrs.	Total.
Bellfield Babies	10	0	10	8	2	10	1,569	286	1,855	0	0	0
Burgess Street	15	25	40	12	31	43	2,519	5,958	8,477	48	75	123
Dudhope Street	15	25	40	15	25	40	2,592	5,826	8,418	70	87	157
Fairbairn Street	15	25	40	10	31	41	2,576	6,114	8,690	67	83	150
Flight's Lane	15	30	45	15	24	39	3,126	5,320	8,446	80	149	229
Harefield Road	15	25	40	13	28	41	2,808	5,879	8,687	35	58	93
Isles' Lane	12	18	30	1	30	31	63	5,808	5,871	62	35	97
Lilybank	20	30	50	18	26	44	3,253	5,460	8,713	77	91	168
Linlathen	15	25	40	16	27	43	2,689	5,106	7,795	49	53	102
North George Street	12	18	30	10	20	30	2,019	4,228	6,247	78	109	187
Polepark	20	30	50	19	26	45	4,123	5,700	9,823	93	123	216
	164	251	415	137	270	407	27,337	55,685	83,022	659	863	1,522

The hours are from 7 a.m. to 6.30 p.m. on week-days and the nurseries are closed on Saturdays. The demand for accommodation is still very great and the number on the waiting lists far exceeds the number of places.

The nurseries are very often used to accommodate the children of mothers who are ill at home or who are in hospital. These children get priority and this arrangement works well provided the father or other relative is available to look after the children at nights and at the week-ends. Day nursery accommodation for such children is very much preferable to institutional accommodation because it ensures that the home ties are continued and the children keep in contact with one of the parents.

Nursery Attendances

Year.	Under 2 years.	Over 2 years.	Total Attendances.
1947	31,002	44,653	75,655
1948	32,545	55,319	85,864
1949	27,709	60,547	88,256
1950	26,109	55,244	81,353
1951	25,450	55,307	80,757
1952	28,221	54,083	82,304
1953	26,333	54,279	80,612
1954	26,451	50,499	76,950
1955	27,337	55,685	83,022

Number of Children who Attended in Each Nursery during 1955

	0-2 years.	2-5 years.	Total.
Bellfield Babies	32	2	34
Burgess Street	34	55	89
Dudhope Street	41	67	108
Fairbairn Street	43	55	98
Flight's Lane	39	40	79
Harefield Road	32	45	77
Isles' Lane	5	84	89
Lilybank	35	46	81
Linlathen	61	71	132
North George Street	34	41	75
Polepark	57	52	109
	413	558	971

(b) Provided by Firms of Manufacturers

There are five Industrial day nurseries as follows:—

	No. of Places.			Attendances.		
	0-2 years.	2-5 years.	Total.	0-2 years.	2-5 years.	Total.
Camperdown Nursery	28	47	75	6,028	11,004	17,032
Manhattan Nursery	30	35	65	6,481	8,101	14,582
Tay Nursery	36	34	70	7,317	8,047	15,364
Hillbank Nursery	30	28	58	7,221	8,324	15,545
Low & Bonar Nursery	20	45	65	3,656	10,266	13,922

TOTAL ATTENDANCES.

	1954.			1955.		
	0-2 years.	2-5 years.	Total.	0-2 years.	2-5 years.	Total.
Camperdown Nursery	5,771	11,216	16,987	6,028	11,004	17,032
Manhattan Nursery	6,946	7,953	14,899	6,481	8,101	14 582
Tay Nursery	7,451	7,672	15,123	7,317	8,047	15,364
Hillbank Nursery	7,245	8,154	15,399	7,221	8,324	15,545
Low & Bonar Nursery	3,731	8,946	12,677	3,656	10,266	13,922
	31,144	43,941	75,085	30,703	45,742	76,445

Training of Nursery Students

Thirteen candidates from the Corporation nurseries were presented for examination during the year and eleven gained the Nursery Nurse's Certificate. Of the successful candidates five are now employed as staff nurses (three in Dundee Corporation day nurseries, one in a Dundee Corporation Nursery School, and one in Armitstead Convalescent Home): one is in hospital training for the S.R.N. certificate, one is in hospital training for the R.F.N. certificate, three are employed privately as nursery nurses and one is a nursing auxiliary in a fever hospital.

Grateful acknowledgement is made to the generous donors of money and gifts at Christmas and throughout the year and also to the staff in the nurseries for their loyal co-operation and help.

Mother and Baby Homes

The Local Authority pays an annual grant to the Social Services Board of the Episcopal Church and to the Salvation Army in respect of St. Ronan's Home and Florence Booth House, both providing accommodation for unmarried mothers and their babies.

Name of Home provided by Voluntary Assocn.	No. of Beds.				No. of girls admitted during 1955.
	Ante-natal.	Post-natal.	Total ante-natal and post-natal.	Cots.	
St. Ronan's	6	12	18	11	33
Florence Booth House	10	20	30	20	88

Midwives (Scotland) Acts.

In the year ending 31st January 1955, 51 midwives notified their intention to practise midwifery in Dundee, three as midwives in private practice and nine as municipal midwives.

The midwives in private practice attended a total of 92 births (91 confinements—58, 33 and 1 respectively) that is 2.4% of the total births in the city compared with 3.3% in 1954. All but three confinements were carried out for the local authority on a fee per case basis and two of the private cases were attended by the same midwife.

Nineteen visits were paid during the year by the Inspector of Midwives and her assistant to the homes of midwives, including seven to midwives in private practice.

197 notifications were received from midwives during the year as follows:—

Notification of ophthalmia neonatorum	57
Notification of pyrexia	0
Notification of artificial feeding	128
Notification of stillbirth	4
Notification of death of infant	3
Notification of infectious disease	0
Notification of watery blister	0
Notification of liability to be a source of infection	5
	197

Nursing Homes Registration (Scotland) Act, 1938.

There are six nursing homes registered in the city viz.: Burnbank, Duneaves, Fernbrae, Fort House, Marrbank and Westbay, and three which have been exempted from registration, viz.: Clement Park, St. Mary's Home (King Street) and St. Ronan's Home.

Nurses (Scotland) Act, 1943 and Nurses Agencies (Scotland) Regulations, 1945

Dundee Private Nursing Home (Marrbank) Ltd., and Fernbrae Nursing Home Ltd., are licensed under the above Act and Regulations to carry on agencies for the supply of nurses in terms of Section VIII. of the Act.

Nursery and Child Minders Regulation Act, 1948

This Act came into operation on 31st July, 1948, and places a duty upon local authorities to register and supervise day nurseries and daily minders where the number of children exceeds two.

		No. of Certificates.						
Year 1955.	No. of Applications received.	Issued	Refused	Cancelled	In force at end of year	No. of Children being cared for at end of year.	No. of inspections made.	No. of Cases in which no inspection was made.
Nursery Premises ...	0	0	0	0	5	354	225	0
Child Minders	0	0	0	0	0	0	0	0

Foster Children, Adopted Children and Illegitimate Children

During the year the health visitors paid special attention to 66 children who had been adopted or were awaiting legal adoption, to 49 children who were under the care of foster parents, and to 391 illegitimate children.

School Health Services.

There is a close liaison and good co-operation with the School Health Services. Child Welfare record cards are transmitted from this department whenever the child reaches school age. Information about any defects liable to continue during the years of school life is immediately passed on to the Chief Executive School Medical Officer so that appropriate arrangements for the child's education may be considered. Early consideration of the problems relating to education is especially necessary in the case of backward or deaf children.

Children's Department.

The Children's Officer sends weekly returns to the Child Welfare Department about children who are in the care of the Local Authority. Health Visitors visit homes of prospective foster parents and adopters and the department is consulted about the suitability of arrangements for boarding out and for adoption. The health visitors also follow up children who have been boarded out in foster homes or who have been placed for adoption and keep them under close and regular supervision.

Children's Council

Regular meetings are held of a Children's Council consisting of officers of the local authority and representatives of other local services, statutory and voluntary, who are concerned with the welfare of children in their own homes.

The Maternity and Child Welfare Medical Officer is a member of the council. Consideration is given to the needs of families as a whole with a view to making the best use of the available local services.

Co-ordination and Co-operation with other Local Authority services and with other parts of the National Health Service

One of the main purposes of this co-ordinating council is to prevent the break-up of families by endeavouring to help at an early stage so that children may not have to be separated from their parents. The Health Visitors by reason of their close contacts in the homes are in an advantageous position to discover early signs of failure in the family and many of the cases considered by the Council have been brought to its notice by Health Visitors. Health Visitors devote as much time as possible to families in which problems are likely to arise or are known to exist (See D.H.S. Circular No. 77/1954).

Maternity Departments

The co-ordination with the Maternity Departments of the two hospitals is very close and intimation about the discharge of patients from the maternity wards is received daily by telephone and confirmed later in writing. This knowledge ensures that mothers and babies are visited as soon as possible after discharge and the time of the health visitors is conserved.

Paediatric Departments.

There is very good co-operation with the Paediatric Departments of the hospitals. Clinical progress notes are received about special cases and this information is made available to the health visitors in order that they may visit and reinforce the advice given at the hospital.

Chest Clinic

Valuable information and help are given by the Chest Physician and by members of his staff in respect of children in attendance at day nurseries when any suspicion of tuberculous infection arises.

Infectious Diseases Hospital

The Superintendent Physician sends reports about certain children when they are discharged from hospital. These reports give details of the illness and of the condition of the child on discharge. This arrangement ensures an immediate follow up by the health visitors.

Orthopaedic Service

Full reports are sent by the consultants about all young children who have been examined at the orthopaedic clinics. These children are followed up by health visitors who also visit those who have failed to keep appointments and advise the parents of the importance of regular attendance for treatment.

Ophthalmic, Ear, Nose and Throat and Other Special Departments

There is excellent co-operation with these departments, and valuable help is always available from the various consultants who attend at Nelson Street.

General Practitioners Service.

The amount of liaison between the general practitioners on the one hand and the Child Welfare Department on the other continues to increase and requests are frequently received from doctors for the services of health visitors especially in connection with feeding difficulties and problems of breast feeding.

PRE-SCHOOL AND SCHOOL HEALTH SERVICE

SESSION 1954-55

1.—GENERAL STATISTICS

Population of the Area (Registrar General's Returns at 31.12.54)	176,784

1. Number of Schools under Management of the Education Authority

(a) Infant Education only	12
(b) Primary Education	41
(c) Secondary Education:—	
(i) Senior Secondary	4
(ii) Junior Secondary	7
(iii) Modified Secondary	1
(iv) Modified Courses in Junior Secondary Schools	6
(d) Pre-Vocational Training	2
(e) Special Schools	4
(f) Nursery Schools	6
(g) Special Classes (Nursery) in ordinary schools	3

2. In receipt of grant from Education Authority and by arrangement under medical inspection

Primary and Secondary	1

3. Under St. Andrews Provincial Committee and by arrangement under medical inspection

(a) Primary School	1
(b) Special Class (Nursery)	1

4. Under Private Management and not under medical inspection

(a) Primary and Secondary	1
(b) Primary	1
(c) Nursery	2

Number of children on registers	28,856
Number of children in average attendance	26,502

2.—SANITARY CONDITIONS OF SCHOOLS

There are many schools in Dundee which, being fairly recently erected, have excellent sanitary conditions and very good equipment. In some older schools the lavatories are inadequate and in poor condition, but the Authority is fully aware of these deficiencies and is making every effort to overcome them.

During the session St. Vincent Primary School was opened and the pupils from St. Michael's Primary School were transferred there allowing St. Michael's to become a junior secondary school only.

The pupils from West Kirkton Temporary Primary School were transferred to Macalpine Temporary Primary School which opened in August, 1954, therefore allowing West Kirkton Temporary Primary School to house a new catholic infant school which was renamed St. Margaret's R.C. Infant School.

3.—ORGANISATION AND ADMINISTRATION

A. System and Extent of Medical Inspection and Treatment

The groups of children prescribed for systematic medical inspection for the year ending 31st July, 1955, were:—

1. Entrants
2. Children born in 1945
3. Children born in 1941
4. Children born in 1938
5. Children born in 1947 (vision and hearing only).

Summary, in Terms of Sessions, of the Work of the Medical Officers

Systematic Inspection Sessions	386
Special Visits to Ordinary Schools—	55
for the purpose of immunisation	57
for the medical examination of pupils, before final acceptance for residence in Belmont Camp School	17
Visits to Special Schools	79

Visits to Nursery Schools and Classes	55
Visits to Pre-Nursing School	2
Consultation Clinic Sessions	449
Special Consultation Clinic Sessions (C.E.S.M.O.)	80
Special Clinic Session for the purpose of immunisation	39
Clinic Sessions for the examination of children requiring convalescence in Holiday Homes	32
Clinic Sessions for examination for holiday camps	32
Sessions at Central Clinic for purpose of superannuation examination	1
Visits to Remand Home	102

Special Examinations, other than those included in Table 1.

Children as to fitness for Belmont Camp School	1,017
Children as to fitness for Holiday Camps	468
Applicants for Licences for Employment	632
Examination of Children 2-5 years	81
Re-examination of Children 2-5 years	26
Children examined for National Survey	3

Mass Miniature Radiography

No Mass Miniature chest X-ray examinations were carried out in the Junior Secondary and Senior Secondary schools as part of the preventative health service.

An anti-tuberculosis campaign was carried out in the city in the west and north areas, and talks were given to the pupils in the junior secondary and senior secondary schools in the area by a Lecturer from the Scottish Council for Health Education and pupils were encouraged to take advantage of the X-ray facilities provided.

40 students from the Trades College and 57 students from the pre-Nursing School were X-rayed by special arrangement with the Mass Radiography Unit and in all cases the results were satisfactory.

Diphtheria Immunisation

The rate of acceptance for diphtheria immunisation has attained the same high level as in previous years and is most encouraging.

Immunisation of the new entrants is carried out in school as soon as possible after their medical examination and a special session is held weekly at the Central Clinic to enable those who were absent or requiring a further injection to be dealt with.

Of the 2,881 school entrants examined at systematic medical inspection 2,621 (90.97%) had already been protected by a course of injections. (For session 1953-54 92.37%).

Consent was received to give a full protective course for 208 (7.22% of the total number of entrants examined) thus making a total of 98.19% protected in their first year of school life. During session 1953-54 the respective figures were 5.59% and 97.96%.

2,093 (79.86% of those previously immunised) gave consent for a maintenance protective injection to be carried out by the School Medical Staff. (In session 1953-54 80.20%).

262 (10.00% of those previously immunised) had already received a maintenance protective injection. In session 1953-54 10.08% had received maintenance dose.

23 (0.87% of those previously immunised) did not require a maintenance injection having only received the two injections of their initial course fairly recently. (For session 1953-54 0.52%).

Thus 2,378 (82.54% of the total entrants group examined) were entering school life fully protected. (For session 1953-54 83.87%).

The number of refusals for protection against diphtheria was 50 (1.74% of the total number examined) and those not wishing maintenance injection 243 (9.27% of those previously immunised, 8.43% of total examined).

Of these 243 not wishing maintenance doses 106 were to be immunised by their family doctor.

Number of Injections given by School Medical Officers :—

1st P.T.A.P. to 206 children
2nd P.T.A.P. to 156 children
3rd P.T.A.P. to 2,056 children (maintenance dose)

The number of sessions spent on immunisation was 96.

Dundee Trades College

The medical examination of all pre-apprentice students in Dundee Trades College continues to be carried out by an assistant medical officer of the General Public Health Staff, and the record of their examination is entered on the School Medical Inspection card including the result of Mass Miniature Radiography. Any defect is reported to the parent in the same manner as in school inspections and the Principal of the College is advised as to suitability for different trades.

During the session 179 boys were medically examined and classified according to Table III. as follows:—

Grade.	Number.	Percentage.
I.	89	49.72
IIa.	21	11.73
IIb.	24	13.41
IIc.	11	6.15
III.	30	16.76
IVa.	4	2.23
IVb.	—	—

22 apprentice students from the College of Art and Technology were also medically examined during the session.

Seymour Lodge Pre-Nursing School

During the session 32 students, after interview by the Education Sub-Committee, were considered suitable for admission to the Pre-Nursing School and were medically examined before admission. 20 of these were examined by a medical officer of this department and 12 by the medical officers of other areas.

Medical examination showed a grading according to Table III. as follows: —

Grade.	Number.	Percentage.
I.	20	62.5
IIa.	4	12.5
IIb.	—	—
IIc.	—	—
III.	4	12.5
IVa.	4	12.5
IVb.	—	—

Owing to staffing difficulties during the session only two visits were paid to the school for purposes of general survey of pupils.

Nursery Schools and Classes

During the session 424 children were medically examined in the 6 nursery schools and three nursery classes in primary schools. 51 re-examinations were also carried out.

The medical officers paid regular visits for supervision and consultation on any problems pertaining to the health and wellbeing of the children. Health Visitors allocated to the nursery school or class paid routine weekly visits.

In one of the nursery schools a fairly prolonged outbreak of dysentery occurred and this involved a great deal of investigation by the medical officer and health visitor.

B. System and Extent of Dental Inspection and Treatment

Details of the work of the School Dental Health Service will be found in the report of the Senior Dental Officer.

C. School Nursing and Arrangements for Follow-up.

The health visitors, as in previous years, in their capacity as school nurses have discharged the nursing duties of the School Health Service efficiently and have worked hard to maintain a high standard of personal hygiene and cleanliness amongst the pupils.

Summary of the Work of the Health Visitors

Sessions on Medical Inspection in Schools	628
Additional Visits to Schools	1,830
Additional Visits to Nursery Schools	141
Sessions at Consultation and Treatment Clinics	1,624
Sessions at Orthopaedic Clinics	65
Sessions at Specialist Consultation Clinics	427
Visits to homes following school inspection	1,855
Visits to homes of nursery school children	13
Visits to homes of orthopaedic cases	145

The number of children visited during the year by the Health Visitors was 3,562 and the total number of visits paid to their homes 4,463.

D. Co-operation with other Health Services and with other Departments of the Local Authority who render service to children, and

E. Co-operation with Voluntary Organisations and other Outside Bodies

A very friendly and harmonious relationship exists between this department and the various other departments of the local authority, and we are deeply indebted for their help and co-operation during the past year. We are also indebted to the various voluntary organisations with whom we have worked throughout the years and who are always ready to come to our assistance.

F. Co-operation with Teachers and Parents with Special Reference to the Attendance of Parents at Inspections

The attendance of parents at routine medical inspection shows a decrease in all age groups. This is to be regretted and may be accounted for by the number of mothers who are working. The presence of parents at these examinations is very helpful for recording purposes.

The figures for the present session are:—

	Parents Present.	Percentage.
At examination of the Entrants	2,245	74.21
At examination of 1945 Group	734	24.26
At examination of 1941 Group	46	1.52
At examination of 1938 Group	—	—

Last year we reported:—

At examination of the Entrants	2,651	79.61
At examination of 1944 Group	919	35.02
At examination of 1940 Group	74	3.22
At examination of 1937 Group	—	—

4.—THE FINDINGS OF MEDICAL INSPECTION

The number of children in the prescribed age groups examined systematically during the present session was 7,658 at 386 sessions, an average per session of 20 children.

Recordings of Heights and Weights of School Children Examined at Routine Medical Inspection in the Prescribed Age Groups for the Session 1954-55

	Entrants		Second Age Group		Third Age Group		Secondary Age Group	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Total Number of Children Examined	1,486	1,395	1,154	1,072	1,155	1,093	165	138
Average Age	5yr. 4mth.	5yr. 4mth.	9yr. 5mth.	9yr. 5mth.	13yr. 7mth.	13yr. 7mth.	16yr. 7mth.	16yr. 8mth.
Average Height	43.04ins.	41.88ins.	52.33ins.	51.87ins.	60.35ins.	60.14ins.	67.12ins.	63.73ins.
Average Weight	43.57 lb.	41.09 lb.	64.42 lb.	63.05 lb.	96.68 lb.	100.62 lb.	138.10 lb.	121.50 lb.

1953-54 Recording was as follows:—

Total Number of Children Examined	1,706	1,624	1,301	1,341	1,131	1,264	154	121
Average Age	5yr. 4mth.	5yr. 4mth.	9yr. 5mth.	9yr. 5mth.	13yr. 8mth.	13yr. 8mth.	16yr. 8mth.	16yr. 9mth.
Average Height	42.95ins.	42.54ins.	51.78ins.	51.37ins.	59.9ins.	60.08ins.	67.79ins.	63.4ins.
Average Weight	42.35 lb.	40.98 lb.	62.73 lb.	60.94 lb.	94.24 lb.	98.24 lb.	135.19 lb.	122.42 lb

A. General Review

Table II., at the end of this report shows in statistical form the findings of systematic medical inspection but that information is amplified under certain of the headings in the following paragraphs.

Recordings of Heights and Weights of School Children Examined at Routine Medical Inspection in the Prescribed Age Groups for the Sessions 1954-55.

Average age, height and weight is shown in the accompanying table for each group. Corresponding figures are also shown for last year.

1-2. Clothing and Footwear Unsatisfactory

The number of children examined systematically in the prescribed age groups during the year were 7,658—an additional 3,212 children were also examined for vision and hearing only. 7 (0.09%) of these children were recorded as being inadequately clad and 7 (0.09%) were without satisfactory footwear. This is a decrease in both cases from the figures recorded last year.

379 children were provided with 432 pairs of boots or shoes by the local authority.

3. Cleanliness

The number of children found on routine medical inspection to have dirty or verminous heads was 315 (7.95%) boys and 850 (22.98%) girls—a total of 1,165 (15.21%). This is a slight increase from the previous year but the majority of these cases were not severely infected.

35 (0.47%) cases of uncleanliness of body or clothing were found.

4. Skin—Head and Body

30 (0.39%) cases of impetigo head and neck and 12 (0.16%) cases of impetigo body were noted on medical inspection—this is a very slight increase from last year. No cases of scabies were found at routine medical inspection.

5. Nutritional State

31 (0.40%) children were recorded as being slightly under average nutrition and 1 (0.01%) as being badly nourished.

During the session 1,971,614 meals were provided by the School Meals Service of which 491,297 were given free of charge.

6. Mouth and Teeth Unhealthy

231 (3.02%) of children were found to have unhealthy mouths or teeth. This is a slight decrease from last year's assessment.

7. Naso-Pharynx

Signs and symptoms of nasal obstruction were present in 126 children—18 (0.24%) were requiring operation and 476 (6.22%) cases of enlarged tonsils for observation were recorded and 80 (1.04%) were recommended for operation.

130 (1.70%) children were found to have enlarged submaxillary or cervical glands requiring observation and 2 (0.03%) required operative treatment.

There is a decrease in these figures from the previous session.

8. Eyes

Clinical examination of the eyes of 7,658 children at routine medical inspection showed that 93 (1.21%) were found to be suffering from blepharitis, 37 (0.48%) from conjunctivitis, 2 (0.03%) were found to have corneal opacities, 44 (0.57%) were suffering from other external conditions of the eye and 286 (3.74%) were found to have squints. All these percentages, with the exception of corneal opacities, are down from the figures of last year.

Vision testing with Snellens type distant vision charts showed that 697 (14.59%) out of 4,777 children (this number excludes entrants) were found to have defective vision not worse than 6/12 in the better eye. This number consisted of 333 (13.46%) boys and 364 (15.81%) girls. 33 (0.69%) consisting of 16 (0.65%) boys and 17 (0.74%) girls were found to have vision worse than 6/12 in the better eye. 157 (3.29%) were recommended for refraction comprising 76 (3.07%) boys and 81 (3.52%) girls.

Colour vision was tested only in the third and fourth age groups of boys and 63 (4.77%) out of a total of 1,320 were found to have a defect.

Of the 3,212 children, 1,626 boys and 1,586 girls in the age group born 1947 (eyes and hearing only tested) 428 (13.33%) were found to have defective vision not worse than 6/12 in the better eye comprising 218 (6.79%) boys and 210 (6.54%) girls. 7 (3— .09% boys and 4— .12% girls) were found to have defective vision worse than 6/12 in the better eye. 72 boys (2.24%) and 86 girls (2.53%) of this group were recommended for refraction.

9. Ears

There is still a further decrease in the incidence of otorrhoea noted at the routine medical inspection—29 (0.38%) children were found to be suffering from otorrhoea and defects in hearing perception were also on the down-grade. 56 (0.73%) were found to have Grade I. defects in hearing compared to 0.93% last session and Grade II.a defects were found in 17 (0.22%) children compared with 0.29% last session.

During the session the audiometrician carried out hearing tests on 3,260 children—most of these being in the group of children born 1945—using the Pure Tone Audiometer and defects were found as follows:—

Defective Hearing

	GRADES.			TOTALS.
	I.	II.	III.	
Girls	127	105	—	232
Boys	169	81	—	250
	296	186	—	482

These cases are all investigated by the medical officers and many are found to have minor defects such as wax and the deafness in these cases disappears with treatment.

AUDIOMETRIC SURVEY

Summary of Tests Completed During Session 1954-55

	Listed	Tested	Re-tested	Normal	Defective	Grade I.	Grade II.	Absent	Transferred	Left	Deafness Clinic
1945 Age Group	2,429	2,252	644	2,136	116	105	11	129	27	21	23
		92.71%	28.60%	94.85%	5.15%	4.66%	.49%				
Percentage (Defective) 1945 Age Group	—	—	—	—	—	90.5%	9.48%	—	—	—	—
1944 Age Group Absentees	102	80	27	73	7	7	—	9	7	6	2
		78.41%	33.75%	91.25%	8.75%	8.75%					
Previous Defectives	638	451	257	202	249	112	137	42	88	57	23
		70.69%	56.98%	44.79%	55.21%	24.83%	30.38%				
New Cases	467	430	241	322	108	72	36	34	1	2	20
		92.08%	56.05%	74.88%	25.12%	16.74%	8.37%				
Spastic Survey	52	44	20	42	2	—	2	7	—	1	—
		84.62%	45.45%	95.46%	4.55%	—	4.55%				
Tested in Clinic	3	3	1	3	—	—	—	—	—	—	—
	3,688	3,260	1,190	2,778	482	296	186	221	123	87	68

Hearing Aids

At present 53 school children have been supplied with hearing aids in Dundee.

Pupils in School for the Deaf	30
Pupils in Fairmuir School	3
Pupils in ordinary schools	20
	53

10. Speech

Of the 7,658 children examined at systematic medical inspection 65 (0.85%) were found to have defective articulation and 21 (0.27%) found to have a stammer. This is a difficult figure to assess at routine medical inspection as children with speech defects are very conscious of their disability.

11. Mental and Nervous Conditions

Under this heading 8 (0.10%) of the 7,658 children medically inspected were found to be backward and 12 (0.16%) were classified as dull. There is difficulty in assessing this as new entrants cannot easily be assumed backward or dull without a further time in school, and when we reach the second grade routine medical inspection those requiring other educational methods because of backwardness or dullness have, in most cases, already been dealt with.

Emotional instability was noted in 11 (0.14%) children and behaviour disorders in 40 (0.52%).

12. Circulatory System

Routine medical inspection of 7,658 children showed that 12 (0.16%) children suffered from congenital malformation or disease of the heart and 12 (0.16%) had acquired some form of organic heart lesions. 71 (0.93%) were noted as suffering from functional irregularity.

13. Lungs

Out of a total of 7,658 children examined the incidence of children suffering from respiratory conditions has decreased somewhat from the previous year—7 (0.09%) were found to have symptoms of chronic bronchitis, 17 (0.22%) present signs or history suggestive of primary tuberculosis and 152 (2.01%) have other lung conditions.

14. Deformities

59 (0.77%) children examined at routine inspection were found to be suffering from the effects of some form of congenital deformity. 21 (0.27%) had defects due to anterior poliomyelitis and 12 (0.16%) had deformities which were probably the result of rickets in early life. 361 (4.71%) were suffering from deformities due to other causes, such as postural defects and trauma.

15. Infectious Diseases

8 (0.10%) children of the total number examined at routine medical inspection were found to be suffering from an infectious disease.

16. Other Diseases or Defects

253 (3.30%) children were noted by the medical officers at routine medical inspection as suffering from other diseases or defects not previously mentioned in this report.

Special Examinations in Schools

These are special request examinations made by the teachers, parents, pupils or health visitors and include a general medical inspection of 494 handicapped children in special schools—all of whom are defective.

Re-examinations are of those children found to have a defect at routine medical inspection.

	1,124 Children examined 905 defective.	2,405 Children re-examined 1,124 still defective.
Head—Vermin	13	31
Nits	74	251
Other conditions	34	6
Body—Vermin	1	—
Other conditions	45	12
Diseases of tonsils	43	127
Defective vision	180	305
Diseases of eye	59	88
Defective hearing	161	108
Diseases of ear	55	19
Speech defect	118	21
Mental or nervous conditions	268	20
Infectious disease	4	—
Other conditions	436	274

The number of special examinations and re-examinations are, unfortunately, down because of staffing difficulties.

During the session 87 children were reported to the Director of Education as requiring special educational treatment and 3 for institutional care as educable mentally handicapped children.

The following table shows the conditions necessitating special educational treatment and the appropriate recommendations made:—

To Fairmuir School

Cerebral Palsy	1
T.B. Spine (post)	1
Anterior Poliomyelitis	3
T.B. Bone + primary complex	1
Chronic Asthma and Bronchitis	1
Idiopathic Epilepsy	1
T.B. Hip with renal involvment	1
Perthes Disease	2
Epilepsy	1
Pulmonary Tuberculosis + Phlyctenular Conjunctivitis	1
	13

Mentally Handicapped

Educable	53
,, + Orthopaedic Defects	2
,, + Keratitis Right and Left	1
	56

To Occupational Centre—Fairmuir School

Ineducable	3
,, + Hydrocephalus	1
,, + Congenital Heart	1
,, + Epilepsy	1
,, + Cerebral Palsy	1
	7

To Sight Saving School

Optic Atrophy + Epilepsy	1
Congenital Degeneration + Optic Atrophy	1
Congenital Bilateral Cataracts	2
Buphthalmus	1
Optic Atrophy	1
Congenital Detached Retina	1
Bilateral Macular Degeneration	1
	8

To School for the Deaf

Grade IIb. Deaf	2
Grade III. Deaf	1
	3

88 children were referred by the medical officers of this department for psychological investigation, and if necessary, special educational treatment in the Child Guidance Centre.

Intellectual Disorders	61
Behaviour Disorders	13
Temperamental Disorders	5
Habit Disorders	7
Neurotic Illness	2
	88

5.—MEDICAL TREATMENT

A. Minor Ailments

Organisation for consultation and minor ailments treatment clinics has been continued during the present session on similar lines to previous years except that, owing to staffing difficulties, Broughty Ferry Clinic has had a consultation clinic once a month in place of a weekly clinic and Ferry Road Clinic has been cut down to a one hour consultation session per week. This means that numbers are somewhat lower than the previous year.

Consultation Clinic Attendances

	Cases.	Consultations.
Central	1,478	2,616
West at Central	455	747
Lochee	301	765
Ferry Road	197	444
Broughty Ferry	129	224
Maryfield	597	963
King's Cross West	265	430
St. Michael's	586	1,247
Special Consultations at Central	301	338
	4,309	8,604

Treatment Clinic Attendances
Totals for Eight Clinics and One Scabies Treatment Centre

	Cases.	Attendances.	
		No.	Av.
Cuts, bruises, sprains minor injuries	2,422	9,868	4.07
Diseases of Ear	212	614	2.90
Diseases of Eye (Ex-Defective Vision)	409	1,704	4.17
Diseases of Skin—			
Ringworm (scalp)	—	—	—
X-ray treatment	—	—	—
Other treatment	—	—	—
Deramatologist's Consultation Clinic.			
Ringworm (body)	1	8	8.0
Scabies:			
Clinic Treatment	1	1	1.0
Baths Treatment	25	151	6.04
Impetigo	431	2,451	5.69
Other Diseases	174	384	2.21

There were no cases of Tinea Capitis during the session. The number of cases seen during the year are on a par with those of last session except that there has been an increase in the number of cases of impetigo. A pleasing feature is that the average attendance per case is down in comparison with former years.

Diagnoses by the consultants in dermatology, ophthalmology and diseases of the ear, nose and throat, are shown on their separate reports which are appended to this report. Treatments are given at the time by the health visitor in attendance at these clinics. Prescriptions are ordered on R.B.P. (Scot) form by arrangement with the Eastern Regional Hospital Board Administrative Medical Officer. Seven prescriptions were given for eyes, twenty for E.N.T. and fifty-one for skin conditions.

B. Defective Vision and Squint

The Local Authority continued the organisation of the eye clinic as in previous years, and the Eastern Regional Hospital Board Ophthalmologists conducted eight sessions weekly with practically the full time service of a dispensing optician.

2,133 children had refractions done and 909 were retested.

2,705 children were provided with glasses. Of these 1,199 were provided with new glasses and 506 had new lenses fitted to own frames.

Orthoptic Treatment

The treatment of squints has continued as previously. Details are as follows.

Brought forward from previous session:—

On Waiting List—July, 1954			
Waiting list	350		
Treatment	233		
Postponed	325		
		908	
New Cases		257	
			1,165
Cases Refused	88		
Cases Discharged	312		
		400	
Carried forward			
Waiting list	237		
Treatment	183		
Postponed	345		
			1,165

C. Nose and Throat (Operative Treatment)

One clinic session weekly has continued to be held throughout the session in the central premises Nelson Street by a consultant aurist to whom cases were referred by the school medical officers following routine medical inspection or consultation clinics.

Operative treatment for children of school age for Tonsillectomy and Adenoid Curettage was carried out at Stracathro Hospital during the session and arrangements worked out in a very satisfactory manner. Children under five had operative treatment carried out at Maryfield Hospital and all other E.N.T. operations were referred to Dundee Royal Infirmary.

Hearing defects were, after preliminary investigation at Nelson Street, referred by the consultant aurist to the deafness clinic and dealt with there.

Operative treatment of children referred from the consultant clinic was carried out as stated below.

	2-5 years.	5 years and over.
Stracathro Hospital		
Removal of Tonsils and Adenoids	—	112
Removal of Adenoids	—	7
Removal of Aural Polypus	—	1
Maryfield Hospital.		
Removal of Tonsils and Adenoids	13	1
Removal of Adenoids	4	—
Dundee Royal Infirmary.		
Modified Radical Mastoid	—	3
Curettage	—	2
Removal of Wax	—	2
Acute Mastoiditis	—	1
Removal of Polypus (naso-antrum)	—	2
Removal of Adenoids	1	3
Intranasal Antrostomy	—	1

D. Orthopaedic and Postural Defects (Specialist Treatment)

This only applies to those handicapped children receiving special educational treatment in Fairmuir School and who are regularly examined by the orthopaedic consultant at his monthly session held in school. Their treatments are carried out by physiotherapists from the staff of Kemback Street Clinic who are seconded for this work in the school.

Fairmuir School	New.	Return.
Number of cases examined by the Orthopaedic Consultant	2	156

Recommended for hospital treatment:—	Children.
On waiting list at 31/7/54	2
Added during the session	19
	21
Admitted to Bridge of Earn Hospital	18
On waiting list at 31/7/55	3

The physiotherapy unit which was opened at the beginning of the session is very well equipped with up-to-date apparatus and is running smoothly.

E. Speech Defects

Another speech therapist commenced duty at the beginning of the school session making a total of three available for remedial work.

The Statistical Record of the Speech Therapists' Remedial Work is as follows:—

	Boys.	Girls.	Total.
Number of school children receiving treatment	333	113	446
New Cases	226	82	308
Total	559	195	754

Defects for which treatment was given.

Stammer	162	38	200
Dyslalia	377	146	523
Spastic	3	2	5
Nasal	11	6	17
Deaf Speech	1	—	1
Cleft Palate	3	3	6
Hoarseness	2	—	2
			754

Number of Children discharged, left or refused treatment.

	Boys.	Girls.	Total.
Stammer	40	7	47
Dyslalia	113	56	169
Spastic	1	—	1
Nasal	2	2	4
Hoarseness	1	—	1
			222

Number of new and transferred cases.

	Boys.	Girls.	Total.
Stammer	10	8	18
Dyslalia	199	73	272
Spastic	1	2	3
Nasal	4	1	5
Deaf Speech	1	—	1
Cleft Palate	2	1	3
Hoarseness	1	—	1
			303

Number of cases to be carried forward to next session.

	Boys.	Girls.	Total.
Stammer	112	29	141
Dyslalia	244	81	325
Spastic	2	2	4
Nasal	9	6	15
Deaf Speech	1	—	1
Cleft Palate	3	3	6
Hoarseness	1	—	1
			493

Pre-School Children.

Number of children receiving treatment.

	Boys.	Girls.	Total.
Stammer	1	—	1
Dyslalia	2	—	2
Spastic	1	—	1
Cleft Palate	2	—	2
			6

Total Attendances:—

	Total
School Children	14,252
Pre-school Children	144
	14,396

6.—DENTAL INSPECTION AND TREATMENT

A separate annual report of the work of the School Dental Service is presented by the Senior Dental Officer.

7.—SPECIAL SCHOOLS AND CLASSES

The day to day working of the special schools and classes has changed very little during the past session.

The specially constructed bus for severely handicapped children attending Fairmuir School commenced service on 15th December, 1954. The bus is a dual purpose one—being shared with the School Meals Service—and this arrangement has worked in a very harmonious fashion.

The building purchased to house the occupational centre is not yet ready for use.

The Sight Saving School and residential hostel attached are now settled in Duncarse and running smoothly under the supervision of the head teacher.

(a) **Fairmuir School**

	Boys.	Girls.	Total.
On roll at 31/7/54	154	129	283
Admitted	43	19	62
Re-admitted from hospital	11	2	13
Transferred to hospital	14	1	15
Transferred to Approved School or Institution	6	—	6
Excluded	2	—	2
Transferred to other areas	4	3	7
Transferred to ordinary school	6	5	11
Left—Over age	19	13	32
Left school (now fit)	4	7	11
On roll at 31/7/55	153	121	274

(b) **Occupation Centre (Fairmuir School).**

	Boys.	Girls.	Total.
On roll at 31/7/54	32	13	45
Admitted	2	3	5
Re-admitted from hospital	—	1	1
Transferred to hospital	1	1	2
Excluded	1	—	1
Left—Over age	2	1	3
On roll at 31/7/55	30	15	45

Four physically handicapped children are having special educational treatment in East Park Home, Glasgow, and two are resident in Challanger Lodge, Edinburgh. One physically handicapped child was admitted during the session to Dr Barnardo's Home, Wishaw, and one physically handicapped child was admitted to St Vincent's Orthopaedic Hospital, Pinner, Middlesex.

One child was admitted to Trefoil Residential School making a total of two Dundee children in residence.

One child was withdrawn from Bridge of Weir Colony for Epileptics and one admitted during the session.

Three educable mentally handicapped boys were admitted to certified institutions during the year — one boy to St. Charles Institution, Carstairs, and two to Lennox Castle Institution.

(c) Sight Saving School

	Boys.	Girls.	Total.
On roll at 31/7/54	21	21	42
Admitted	8	4	12
Transferred to ordinary school	2	—	2
Transferred to special school	—	1	1
Left—Over age, etc.	2	2	4
On roll at 31/7/55	25	22	47

During the session three Dundee children were receiving residential education in the Royal Blind School, Craigmillar Park, Edinburgh—one of whom was withdrawn during the session.

(d) School for the Deaf

	Boys.	Girls.	Total.
On roll at 31/7/54	17	23	40
Admitted	5	2	7
Transferred to ordinary school	—	—	—
Left—Over age, etc.	5	1	6
On roll at 31/7/55	17	24	41

One Dundee boy who was resident at Dudhopebank Hostel, which is maintained by the Dundee Institution for the Education of the Deaf, left during the session on reaching school leaving age.

These special schools are all visited regularly by a medical officer of the department for medical examination and supervision. The children at the Sight Saving School attend Nelson Street Clinic for regular examination by a consultant opthalmologist. There is also guidance given by the consultant aurist with regard to audiometric testing of the partially deaf at the School for the Deaf.

(e) King's Cross Hospital School

This school continues to perform the useful function of giving education during prolonged hospitalisation to children suffering from Pulmonary Tuberculosis and to other children convalescing from other diseases as recommended by the Medical Superintendent.

	Boys.	Girls.	Total.
On roll at 31/7/54	15	14	29
Admitted	21	22	43
Discharged	21	24	45
On roll at 31/7/55	15	12	27

Eight pupils convalescent from prolonged illness preventing them from attending school have had instruction in their own homes and twenty-two Dundee children had bedside instruction in hospital during the session by the visiting teacher.

Child Guidance Clinic

During the session the appointment of an Assistant Educational Psychologist was made. This has led to an increase in the number of children referred to the department. A full report of the session's work has been submitted to the Director of Education by the Principal Educational Psychologist and presented to the Education Committee.

In the past session 442 new referrals have been seen—of these 58 were examined and taken on for treatment, the remainder being examined and appropriate advice given. In addition 43 cases were carried forward from the previous year.

Reasons for referral (classified under main symptom).

Intelligence disorders	335
Behaviour disorders	57
Temperamental disorders	10
Habit disorders	19
Neurotic Illness	5
Psychological examinations	16
	442

Nursery Schools and Classes

The arrangement for and the extent of nursery school education for the children in the 2-5 years age group have remained unaltered and are as follows :—

	Aver. No. on the roll		Aver. No. in attendance	
Nursery Schools	Boys.	Girls.	Boys.	Girls.
Polepark	20.6	20.5	16.2	17.6
Wesley House	11	14	9	11
Bellfield	23	20	18	16
Grey Lodge	9.2	7.2	7.48	5.35
Ellengowan	22.1	21.4	19.9	19.0
Cotton Road	48	36	37.7	28.28
Nursery Classes				
Dens Road School	12	13	10	10
Ancrum Road School	6.5	10.8	5.64	9.2
Liff Road School	15	11	14	10
Demonstration School	9.8	11.0	8.1	10.0

Holiday and Convalescent Homes

During the session Newport Children's Home, Comerton, closed down and is no longer functioning as a home for children. This department has had a long and happy association with the home and regret the necessity for its closure.

259 children spent a fortnight's holiday in Auchterhouse Holiday Home, 100 children at Newport Children's Home and 6 children four weeks in St. Leonard's Convalescent Home, St. Andrews.

Several of these children were sent direct from hospital to convalesce at these homes.

8.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

Arrangements for the organisation of physical education, recreational activities and personal hygiene are in the capable hands of the Superintendent of Physical Education and his staff. In the primary schools a new draft syllabus of physical education as issued by the Scottish Education Department is still in the transition stage.

During the summer holidays organised games in three playgrounds and four parks were well attended.

In the field of competition Dundee schools have done well in football and swimming.

In health education Dr A. G. Mearns, lecturer from the Scottish Council for Health Education gave talks to the physical education staff.

School Camps

Holiday camps for school children were arranged on similar lines to previous years by the Governors of Dundee School Children's Holiday Fund. In all, 482 children from various schools enjoyed a very happy and well organised holiday either under canvas or in school premises in Fife and Angus during the summer vacation. These children were medically examined as to suitability by the School Medical Officers before departure.

In addition, 6 boys from senior secondary schools, age 15 to 16 years were examined and 5 were found suitable to participate in an athletic camp for boys in Helensburgh during July.

Belmont Camp School

Seven schools in Dundee and also the Schools Orchestra enjoyed a fortnight's residence—in all ten weeks from March to May—in this delightful spot where school life is combined with the joys of the country in the springtime and the novelty of communal living. This camp is eagerly looked forward to by the children. 1,026 children were medically examined before departure and 1,017 were passed as suitable after 115 had been re-examined.

9.—OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN

The School Meals Service contributes largely to the health and wellbeing of the school child and the yearly increase in the number of participants clearly shows it popularity and efficiency. The analyses of the schools meals are still being carried out by the City Analyst at regular intervals, and results show that the meals are well balanced and that the amount of first class protein is adequate.

Cleanliness and observation of hygenic principles are carried out in all depots.

Nursery School student teachers in training at the Provincial Training College attended the department for several afternoon sessions during the year. The organisation of the School Health Service was explained to them and they had opportunities to observe the work done in treatment clinics, special and nursery schools.

OPHTHALMOLOGISTS — SPECIALIST CLINICS REPORT 1954-55

Report on cases seen at the Eye Clinics during session 1954-55.

Dr A. K. Tulloch

	New Cases.	Attendances.
Refractions	993	1,404
Blepharitis	3	8
Conjunctivitis	1	2
Follicular Conjunctivitis	4	8
Phlyctenular Conjunctivitis	4	8
Corneal Ulcers	2	4
Tear Duct Obstruction	1	3
Molluscum Contagiosum	1	1
Hordeolum Internum	1	1
Chalazion	1	1
Ptosis	1	1
Foreign Body	1	1
Migraine	1	1
Post Operative	1	1
	1,015	1,444

Dr R. M. Mathers

	New Cases.	Attendances.
Refractions	1,240	1,793
Blepharitis	4	9
Conjunctivitis	—	—
Vernal Conjunctivitis	1	1
Phlyctenular Conjunctivitis	1	2
Stye	3	3
Contusion	1	1
Nystagmus	1	1
Macular Degeneration	1	1
	1,252	1,811

Total of New Cases Seen	2,267
Total of Attendances	3,221

EAR, NOSE AND THROAT SPECIALIST CLINIC
SESSION 1954 55

	2-5 years.	5 years and over.
New Cases	34	194
Return Cases	6	113
	40	307

Diagnoses were made as follows:—

	2-5 years.	5 years and over.
Negative Examinations	3	2

Ear Conditions:—	New Cases.		Return Cases.	
	2-5	5 & over.	2-5	5 & over.
Deafness	6	45	3	33
Acute Otitis Media	1	11	—	5
Chronic Otitis Media	1	22	—	32
Earache	—	3	—	—
Aural Polypus	—	1	—	1
Wax	—	3	—	—
Deafness (one ear)	—	3	—	—
External Otitis Media	—	1	—	1
Congenital Defect	—	1	—	—

Nose Conditions:—

	New Cases.		Return Cases.	
	2-5	5 & over.	2-5	5 & over.
Adenoids	2	9	—	—
Allergic Rhinitis	—	2	—	2
Nasal Discharge	1	23	—	13
Deviated Septum	1	—	—	—
Epistaxis	—	1	—	3
Swelling Antral Mucosa	—	1	—	1
Nasal Obstruction	—	4	—	—

Throat Conditions:—

	New Cases.		Return Cases.	
	2-5	5 & over.	2-5	5 & over.
Tonsils and Adenoids	19	95	2	3
Tonsils	3	12	—	—
Hoarseness	—	3	—	—
Tonsilitis	1	—	—	—

General Conditions:—

	New Cases.		Return Cases.	
	2-5	5 & over.	2-5	5 & over.
Defective Speech	4	7	—	—
Frontal Headache	—	1	—	—

REFERRALS:—

	2-5 years.	5 years and over.
Maryfield Hospital		
Tonsils and Adenoids	6	1
X-Ray Sinuses	—	17
Bilateral Proof Puncture and Intranasal Antrostomy	—	5
Removal of Choroid	—	1
Politzeration	—	2
Dundee Royal Infirmary		
Tonsils and Adenoids	9	—
Removal of Aural Polypus	—	1
Penicillin Treatment	—	7
Partial removal of left Inferior Turbinate	—	1
Stracathro Hospital		
Tonsils and Adenoids	4	111
Tonsils	—	4
Adenoids	—	4
To Deafness Clinic	5	49
To Speech Therapist	—	1
	24	204

OPERATIVE TREATMENT:—

Stracathro Hospital	2-5 years.	5 years and over.
Removal of Tonsils and Adenoids	—	112
Removal of Adenoids	—	7
Removal of Aural Polypus	—	1
Maryfield Hospital		
Removal of Tonsils and Adenoids	13	1
Removal of Adenoids	4	—

Dundee Royal Infirmary	2-5 years.	5 years and over.
Modified Radical Mastoid	—	3
Curettage	—	2
Removal of Wax	—	2
Acute Mastoiditis	—	1
Removal of Polypus (naso antrum)	—	2
Removal of Adenoids	1	3
Intra nasal antrostomy	—	1

DERMATOLOGIST'S CLINIC

SESSION 1954-55

Other Skin Conditions	Children 2-5 yrs.		Children 5 yrs. & over.	
	Cases.	Attendances.	Cases.	Attendances.
Impetigo	3	4	20	47
Chronic Infective Dermatitis	—	—	2	8
Psoriasis	—	—	1	4
Naevus	—	—	4	4
Chronic Urticaria Papulosa	3	7	3	4
Allergic Eczema	3	31	5	10
Acne	—	—	5	9
Wart on hand	—	—	1	1
Plantar Wart	—	—	11	17
Molluscum Contagiosum	—	—	1	1
Pityriasis	1	3	—	—
Scaly patches body	—	—	1	1
Scalp Endothrix	—	—	1	1
Xerodermia	—	—	1	2
Excoriated lesions	—	—	1	1
Scabies	—	—	7	23
Tinea (body)	—	—	4	5
Papular Erythema	—	—	1	1
Mild Ichthyosis	—	—	1	2
Neck Mole	—	—	1	1
	10	45	71	142

Total Attendances

Children 2-5 years	45
Children 5 years and over	142

TABLE I.

1954-55

A. **Total number of children examined at:—**

Ordinary Schools—	(i) Systematic Examinations	(ii) Other Systematic Examinations
Entrants	2,881	—
Second Age Group (1945)	2,226	26
Third Age Group (1941)	2,248	49
Senior Secondary Schools—		
Age Group (1938)	303	2
	7,658	77

1947 Age Group (Visual Acuity and Hearing only)	1,586

B. **Other Examinations—**

Special Cases	5,446
Re-inspection by Medical Officers	5,971

Number of INDIVIDUAL children inspected at systematic examinations who were notified to parents as requiring treatment:—

Entrants	426
Second Age Group	371
Third Age Group	251
Secondary Age Group	33
Other Systematic Examinations	16
1947 Age Group	167

TABLE II.

1954 - 55

SYSTEMATIC EXAMINATIONS

Return of number and percentage of individual children in each age group suffering from particular defects :—

	Entrants		Second		Third		Secondary		All Ages		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Total.
Number examined	1,486	1,395	1,154	1,072	1,155	1,093	165	138	3,960	3,698	7,658
Nature of Defect—											
1. Clothing unsatisfactory	3 0.20	1 0.07	1 0.09	1 0.09	— —	1 0.09	— —	— —	4 0.10	3 0.08	7 0.09
2. Footgear unsatisfactory	2 0.13	1 0.07	3 0.26	1 0.09	— —	— —	— —	— —	5 0.13	2 0.05	7 0.09
3. Cleanliness—											
(a) Head: dirty, nits or verminous	167 11.24	318 22.80	102 8.84	301 28.07	46 3.98	231 21.13	— —	— —	315 7.95	850 22.98	1,165 15.21
(b) Body: dirty or verminous	12 0.81	9 0.65	5 0.43	2 0.19	— —	7 0.64	— —	— —	17 0.43	18 0.49	35 0.47
4. Skin—											
(a) Head: Ringworm	—	—	—	—	—	—	—	—	—	—	—
Impetigo	8 0.54	9 0.65	6 0.52	3 0.28	2 0.17	2 0.18	— —	— —	16 0.40	14 0.38	30 0.39
Other Diseases	32 2.15	23 1.65	14 1.21	9 0.84	22 1.91	30 2.75	11 6.67	5 3.62	79 1.99	67 1.81	146 1.91
(b) Body: Ringworm	—	—	—	—	—	—	—	—	—	—	—
Impetigo	4 0.27	2 0.14	2 0.17	1 0.09	3 0.26	— —	— —	— —	9 0.23	3 0.08	12 0.16
Scabies	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	64 4.31	39 2.79	52 4.51	24 2.24	41 3.55	29 2.65	13 7.88	7 5.07	170 4.29	99 2.68	269 3.51
5. Nutritional State:											
Slightly defective	10 0.67	11 0.79	5 0.43	3 0.28	1 0.09	1 0.09	— —	— —	16 0.40	15 0.41	31 0.40
Bad	— —	1 0.07	— —	— —	— —	— —	— —	— —	— —	1 0.03	1 0.01
6. Mouth and Teeth unhealthy	50 3.36	46 3.30	46 3.99	26 2.43	32 2.77	22 2.01	5 3.03	4 2.90	133 3.36	98 2.65	231 3.02
7. Naso-pharynx:											
(a) Nose:											
(1) Obstruction requiring observation	46 3.10	35 2.51	11 0.95	10 0.93	4 0.35	1 0.09	— —	1 0.72	61 1.54	47 1.27	108 1.41
(2) Requiring operation	6 0.40	6 0.43	3 0.26	1 0.09	2 0.17	— —	— —	— —	11 0.28	7 0.19	18 0.24
(3) Other conditions	75 5.05	43 3.08	46 3.99	24 2.24	12 1.04	15 1.37	— —	1 0.72	133 3.36	83 2.25	216 2.82
(b) Throat:											
(1) Tonsils requiring observation	144 9.69	146 10.47	70 6.01	65 5.53	18 1.56	31 2.84	2 1.21	— —	234 5.91	242 6.54	476 6.22
(2) Requiring operation	29 1.95	16 1.15	12 1.04	13 1.21	3 0.26	6 0.55	— —	1 0.72	44 1.11	36 0.97	80 1.04
(c) Glands:											
(1) Requiring observation ..	56 3.77	35 2.51	16 1.39	10 0.93	5 0.43	7 0.64	— —	1 0.72	77 1.94	53 1.43	130 1.70
(2) Requiring operation	1 0.07	— —	— —	— —	1 0.09	— —	— —	— —	2 0.05	— —	2 0.03
8. Eyes—											
(a) External diseases:											
Blepharitis	15 1.01	15 1.08	22 1.91	16 1.49	12 1.04	12 1.10	1 0.61	— —	50 1.26	43 1.16	93 1.21
Conjunctivitis	2 0.13	5 0.36	8 0.69	4 0.37	11 0.95	7 0.64	— —	— —	21 0.53	16 0.43	37 0.48
Corneal opacities	— —	— —	— —	1 0.09	— —	1 0.09	— —	— —	— —	2 0.05	2 0.03
Strabismus	79 5.18	70 5.02	44 3.81	51 4.76	17 1.47	23 2.10	— —	2 1.45	140 3.54	146 3.95	286 3.74
Other Diseases	15 1.01	10 0.72	3 0.26	7 0.65	5 0.43	1 0.09	1 0.61	2 1.45	24 0.61	20 0.54	44 0.57
(b) Visual Acuity: (Snellen)											
Fair	5 0.34	— —	142 12.30	141 13.15	168 14.55	192 17.57	23 13.94	31 22.47	333 13.46	364 15.81	697 14.59
Bad	2 0.13	— —	5 0.43	6 0.56	11 0.95	7 0.64	— —	4 2.90	16 0.65	17 0.74	33 0.69
Recommended for refraction	8 0.54	2 0.14	39 3.38	39 3.64	35 3.03	38 3.48	2 1.21	4 2.90	76 3.07	81 3.52	157 3.29
Colour defective	— —	— —	— —	— —	59 5.11	— —	4 2.42	— —	† 63 2.55	— —	† 63 1.32
9. Ears—											
(a) Diseases:											
Otorrhoea	5 0.34	9 0.65	4 0.35	2 0.19	5 0.43	4 0.37	— —	— —	14 0.35	15 0.41	29 0.38
Other Diseases	1 0.07	6 0.43	3 0.26	7 0.65	1 0.09	3 0.27	— —	3 2.17	5 0.13	19 0.51	24 0.31
(b) Defective Hearing:											
Grade I.	4 0.27	3 0.22	12 1.04	12 1.12	10 0.87	9 0.82	2 1.21	4 2.90	28 0.71	28 0.76	56 0.73
Grade IIa.	2 0.13	1 0.07	2 0.17	4 0.37	3 0.26	4 0.37	1 0.61	— —	8 0.20	9 0.24	17 0.22
Grade IIb.	—	—	—	—	—	—	—	—	—	—	—
Grade III.	—	—	—	—	—	—	—	—	—	—	—
10. Speech—Defective Articulation	34 2.29	15 1.08	9 0.78	1 0.09	4 0.35	2 0.18	— —	— —	47 1.19	18 0.49	65 0.85
Stammering	3 0.20	1 0.07	6 0.52	— —	6 0.52	2 0.18	1 0.61	2 1.45	16 0.40	5 0.14	21 0.27
11. Mental and Nervous Conditions—											
(a) Backward (due to irregular attendance, etc.)	2 0.13	5 0.36	— —	1 0.09	— —	— —	— —	— —	2 0.05	6 0.16	8 0.10
(b) Dull (intrinsically)	3 0.20	2 0.14	4 0.35	2 0.19	— —	1 0.09	— —	— —	7 0.18	5 0.14	12 0.16
(c) Mentally Defective (educable)	—	—	—	—	—	—	—	—	—	—	—
(d) Mentally defective (ineducable)	—	—	—	—	—	—	—	—	—	—	—
(e) Highly nervous or excitable ...	2 0.13	5 0.36	3 0.26	1 0.09	— —	— —	— —	— —	5 0.13	6 0.16	11 0.14
(f) Difficult in behaviour	15 1.01	14 1.01	11 0.95	— —	— —	— —	— —	— —	26 0.66	14 0.38	40 0.52
12. Circulatory System:											
(a) Organic heart disease—											
(1) Congenital	1 0.07	4 0.29	1 0.09	1 0.09	1 0.09	3 0.27	1 0.61	— —	4 0.10	8 0.22	12 0.16
(2) Acquired	1 0.07	1 0.07	2 0.17	— —	5 0.43	3 0.27	— —	— —	8 0.20	4 0.11	12 0.16
(b) Functional	29 1.95	22 1.58	4 0.35	1 0.09	5 0.43	10 0.91	— —	— —	38 0.96	33 0.89	71 0.93
13. Lungs:											
Chronic Bronchitis	2 0.13	3 0.22	1 0.09	1 0.09	— —	— —	— —	— —	3 0.08	4 0.11	7 0.09
Suspected Tuberculosis	— —	7 0.50	1 0.09	1 0.09	2 0.17	3 0.27	— —	— —	3 0.08	14 0.38	17 0.22
Other Diseases	53 3.57	30 2.16	21 1.82	14 1.31	17 1.47	11 1.01	6 3.64	— —	97 2.45	55 1.49	152 2.01
14. Deformities—											
(a) Congenital	17 1.15	13 0.93	7 0.61	5 0.47	5 0.43	8 0.73	1 0.61	3 2.17	30 0.76	29 0.78	59 0.77
(b) Acquired (Anterior Poliomyelitis)	9 0.61	3 0.22	3 0.26	2 0.19	3 0.26	1 0.09	— —	— —	15 0.39	6 0.16	21 0.27
(c) Acquired (Probably Rickets)	5 0.34	1 0.07	— —	— —	5 0.43	— —	1 0.61	— —	11 0.28	1 0.03	12 0.16
(d) Acquired (Other causes)	89 5.99	108 7.74	47 4.07	47 4.38	21 1.82	36 3.29	7 4.24	6 4.35	164 4.14	197 5.33	361 4.71
15. Infectious Diseases	4 0.27	4 0.29	— —	— —	— —	— —	— —	— —	4 0.10	4 0.11	8 0.10
16. Other Diseases or Defects	56 3.77	54 3.87	44 3.81	36 3.38	18 1.56	36 3.29	6 3.64	3 2 17	124 3.13	129 3.49	253 3.30

† Colour vision testing is carried out systematically on the third and fourth age groups (boys) only.

TABLE III.

SYSTEMATIC MEDICAL EXAMINATIONS —— 1954 - 55

CLASSIFICATION	Entrants.		Second Age Group.		Third Age Group.		Secondary Age Group.		Total.	
	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined at Systematic Medical Examinations
I. Children free from defects — —	1,685	58.48	1,322	59.39	1,473	65.54	186	61.39	4,666	60.93
II. Children (otherwise free from defects) who suffer from—										
(a) Defective vision not worse than 6/12 in the better eye with or without glasses; or	65	2.26	259	11.63	307	13.66	42	13.87	673	8.79
(b) Conditions of the mouth and teeth requiring treatment	52	1.81	33	1.48	34	1.51	5	1.65	124	1.62
(c) Both (a) and (b)	1	0.03	4	0.18	7	0.31	4	1.32	16	0.21
Total	118	4.10	296	13.29	348	15.48	51	16.84	813	10.62
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks	733	25.44	401	18.02	236	10.50	30	9.90	1,400	18.28
IV. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II. or III., distinguishing cases—										
(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible	326	11.32	188	8.15	163	7.24	31	10.22	708	9.24
(b) Where improvement only is considered possible, e.g., without complete restoration of function	19	0.66	19	0.85	28	1.24	5	1.65	71	0.93
	345	11.98	207	9.30	191	8.48	36	11.87	779	10.17
Total number of children examined	2,881	100	2,226	100	2,248	100	303	100	7,658	100

TABLE IV.

Return of ALL Exceptional Children of School Age in the Area

Session 1954-55

DISABILITY.	At Ordinary Schools.	At Special Schools or Classes.		In Institution.		At no School.	Total.
1. Blind	—	6		—		—	6
2. Partially Sighted—							
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	2	11		—		—	13
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	—	23		1		—	24
3. Deaf—							
Grade I.	514	—		—		—	514
Grade IIa.	193	—		—		—	193
Grade IIb.	1	2		—		—	3
Grade III.	—	32		—		1	33
4. Defective Speech—							
(a) Defects of articulation requiring special educational measures	329	—		—		—	329
(b) Stammering requiring special educational measures	170	—		—		—	170
5. Mentally Defective (Children between 5 and 16 years)—							
(a) Educable (I.Q. approx. 50-70)	21	129	Occupational Centre 4	10		3	167
(b) Ineducable (I.Q. generally less than 50)	—	3	23	21	Baldovan Day Centre 7	9	63
6. Epilepsy—							
(a) Mild and occasional	16	5	—	—	—	—	21
(b) Severe (suitable for care in a residential school)	—	—	—	—	—	—	—

DISABILITY.	At Ordinary Schools.	At Special Schools or Classes.	In Institution.	At no School.	Total.
7. Physically Defective (Children between 5 and 16 years)—					
(a) Non-pulmonary tuberculosis (excluding cervical glands)	20	7	—	—	27
(b) General orthopaedic conditions	1,928	41	—	9	1,978
(c) Organic heart disease	71	8	—	—	79
(d) Other causes of ill-health*	—	16	1	1	18

DISABILITY.	At Ordinary Schools.	At Special Schools or Classes.	Occupational Centre	In Institution.	Baldovan Day Centre.	At no School.	Total.
8. Multiple Defects—							
(i) 5b and 7b	—	1	10	6	2	4	23
(ii) 5b and 6a	—	—	4	2	2	2	10
(iii) 5b and 6b	—	—	1	—	—	—	1
(iv) 5b and 1	—	—	—	2	—	1	3
(v) 5a and 7b	8	18	—	1	—	5	32
(vi) 5a and 6a	1	3	—	—	—	1	5
(vii) 5a and 6b	—	—	—	—	—	—	—
(viii) 5a and 7d	1	6	1	—	—	—	8
(ix) 5a and 3	—	7	—	—	—	—	7
(x) 5a and 1	—	1	—	—	—	—	1
(xi) Other multiple defects	109	46	4	3	1	2	165
(xii) 5b and 7a	—	—	—	1	—	1	2
(xiii) 5b and 2b	—	—	1	—	—	1	2
(xiv) 5b and 3	—	—	—	—	1	—	1
(xv) 5b and 4a	—	—	1	2	1	—	4
(xvi) 5a and 4a	6	15	—	—	—	—	21
(xvii) 5a and 7c	—	1	—	—	—	1	2
(xviii) 5a and 4b	—	6	—	—	—	—	6
(xix) 5a and 7a	—	1	—	—	—	—	1
(xx) 5a and 2a	—	1	—	—	—	—	1

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* Definition of ill-health—"Children who by reason of ill-health are unable to attend ordinary schools or are incapable of receiving proper benefit from the instruction in ordinary schools."

DENTAL SERVICES

Report for Year Ending 31st July, 1955
by Mr DAVID A. FINLAYSON

The dental staffing position remains much the same as last year except that one dental officer resigned at 31st December, 1954, and the vacancy was filled by a part-time dentist for five sessions per week. Until 30th June therefore the staff consisted of 4 full-time dentists, 1 part-time dentist, 5 dental attendants and 1 clerkess. Their duties embrace inspection and treatment of pre-school children, expectant and nursing mothers and school children.

The Mobile Dental Clinic has been of great value in serving the new schools on the periphery of Dundee. The outward spread of the city presents many problems but the mobile clinic has made a valuable contribution in taking dental inspection and treatment to these new areas.

We are grateful to Dr Shearer and the staff of the Anaesthetic Department of Dundee Royal Infirmary for their cooperation in providing an Anaesthetist for our general anaesthetic sessions. These are held twice weekly and are well attended.

The Eastern Regional Hospital Board has been unable to provide a visiting Orthodontist since December, 1953, but we now hold our own sessions for Orthodontia. These are very satisfactory, the number of attendances being 989.

The following tables show that 18,517 school children were inspected (68.5% of school population) and that the number accepting the offer of treatment together with pre-school children, expectant and nursing mothers and emergency cases made a total of 11,507 attendances for treatment at the various clinics. There is an increase in the number of children availing themselves of dental treatment under the General Dental Service, but much remains to be done.

We are now giving talks on Dental Health to mothers attending local authority clinics, and have arranged to further develop the dental health education aspect of our work among the groups constituting the " Priority Classes." The number of expectant and nursing mothers examined and treated during the year shows an increase over previous years.

Extension of the dental service is required if we are to carry out in full our responsibilities under the Education and Health Service Acts and it is hoped that when the clinic at the Douglas and Angus area of the city is available the dental staff will be increased accordingly.

DENTAL INSPECTION AND TREATMENT

Year Ending 31st July, 1955

Number of Children who were Inspected by the Dental Officers.

Age.	Systematic Inspection.	Emergency Cases.	Total.
5	1,832	62	1,894
6	2,220	97	2,317
7	2,613	83	2,696
8	2,354	84	2,438
9	1,703	104	1,807
10	1,631	84	1,715
11	1,534	53	1,587
12	1,254	49	1,303
13	1,115	30	1,145
14	1,275	46	1,321
15	717	5	722
16	161	2	163
17	92	0	92
18	16	0	16
	18,517	699	19,216

Systematic and Emergency Treatment Boys and Girls Age 5-18 Inclusive

	Systematic.	Emergency.	Total
No. Inspected	18,517	699	19,216
No. Requiring Treatment	13,160	699	13,859
No. Accepting Treatment	6,236	699	6,935
No. Actually Treated	5,785	699	6,484
No. Failed to Attend for Treatment	451	0	451
No. of Attendances	8,763	1,088	9,851
No. of Attendances for Orthodontia	989	0	989
Fillings (a) Permanent Teeth	5,767	198	5,965
(b) Temporary Teeth	1,657	59	1,716
Extractions (a) Permanent Teeth	675	186	861
(b) Temporary Teeth	3,100	695	3,795
General Anaesthetics	364	82	446
Other Operations	1,483	414	1,897

	Systematic.	Emergency.	Total.
Cleaning	364	30	394
Half-Days Devoted to Inspection	138	0	138
Half-Days Devoted to Treatment	1,248	0	1,248
No. of Children Treated Privately	3,540	0	3,540
No. of Children Absent at Inspection	1,596	0	1,596
No. of Dental Letters not Returned	592	0	592
No. of Dentures Inserted	44	0	44
No. of Dentures Repaired	11	11	22
No. of Cases for X-Ray	168	97	265

ORTHODONTIA

Consultations	141
Impressions	139
Appliances Inserted	47
Appliances Repaired	3
Extractions (a) Permanent Teeth	49
(b) Temporary Teeth	7
Attendances	989

Ante-Natal and Post-Natal Clinics

	A.N.	P.N.	Total.
No. Inspected	121	30	151
No. Requiring Treatment	104	29	133
No. Accepting Treatment	76	31	107
No. Treated	56	26	82
No. of Attendances	183	103	286
Fillings	56	21	77
Extractions	255	69	324
Other Operations	105	81	186
Cleaning	13	7	20
Dentures Inserted	23	23	46
Dentures Repaired	0	2	2
General Anaesthetics	20	4	24
No of Cases for X-ray	3	1	4

Inspection and Treatment of Children in Day Nurseries and Emergency Cases

	Systematic.	Emergency.	Total.
No. of Children Inspected	391	5	396
No. of Children Requiring Treatment	207	5	212
No. of Children Accepting Treatment	126	5	131
No. of Children Treated	96	5	101
No. of Attendances	122	5	127
Fillings (Temporary Teeth)	164	1	165
Extractions (Temporary Teeth)	40	1	41
Cleaning	7	0	7
Other Operations	37	4	41
General Anaesthetics	18	0	18

Inspection and Treatment of Children in Nursery Schools, Nursery Classes and Emergency Cases

	Systematic.	Emergency.	Total.
No. of Children Inspected	228	3	231
No. of Children Requiring Treatment	140	3	143
No. of Children Accepting Treatment	103	3	105
No. of Children Treated	83	3	86
No. of Attendances	103	4	107
Fillings (Temporary Teeth)	139	2	141
Extractions (Temporary Teeth)	34	2	36
Cleaning	4	0	4
Other Operations	27	1	28
General Anaesthetics	5	1	6

Pre-School — Others

No. Inspected	96
No. Requiring Treatment	96
No. Accepting Treatment	96
No. Treated	96
No. of Attendances	147
Fillings (Temporary Teeth)	91
Extractions (Temporary Teeth)	103
Cleaning	8
Other Operations	53
General Anaesthetics	24

St. John's Junior Secondary School Treated at Dundee Dental Hospital

No. Inspected	882
No. Requiring Treatment	505
No. Accepting Treatment	129
No. Actually Treated	108
Fillings (a) (Permanent Teeth)	175
(b) (Temporary Teeth)	0
Extractions (a) (Permanent Teeth)	40
(b) (Temporary Teeth)	24
General Anaesthetics	11
Other Operations	116
Cleaning	100
No. of Dentures Inserted	1
Half-Days Devoted to Inspection	7
No. of Children Treated Privately	82
No. of Children Absent at Inspection	175
No. of Dental Letters not Returned	74
No. of Cases for X-ray	2

The above inspection of 882 was carried out by a School Dental Officer.